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THE AMERICAN JOURNAL OF NURSING

OFFICIAL ORGAN OF

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING
SCHOOLS FOR NURSES; THE NURSES' ASSOCIATED ALUMNÆ
OF THE UNITED STATES; THE INTERNATIONAL COUNCIL
OF NURSES; THE HOSPITAL ECONOMICS ASSOCIATION;
THE NEW YORK STATE NURSES' ASSOCIATION; THE
GRADUATE NURSES' ASSOCIATION OF CONNEC-
TICUT; THE MASSACHUSETTS STATE NURSES'
ASSOCIATION; THE GRADUATE NURSES'
ASSOCIATION OF NEW HAMPSHIRE;
THE TEXAS STATE NURSES' ASSOCIA-
TION; THE WISCONSIN ASSOCIA-
TION OF GRADUATE NURSES.

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VOLUME X

PHILADELPHIA

J. B. LIPPINCOTT COMPANY

1910

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THE

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THE TEXAS STATE NURSES ASSOCIATION;
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—TOWN HENRY—

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THE AMERICAN JOURNAL OF NURSING

VOL. X

OCTOBER, 1909

NO. I

EDITORIAL COMMENT



IMPRESSIONS OF THE INTERNATIONAL MEETINGS

OUR summons to attend the International Congress of Nurses in London was received just thirteen days before the meeting was to commence. To arrange our housekeeping affairs, prepare for sudden death, transfer a JOURNAL in the making to the business manager, and get across the ocean in time for the meetings was a somewhat breathless undertaking. We had the experience of making the trip on the fastest steamer afloat, arriving in London at half-past five in the morning of the second day of the congress, having missed the official proceedings.

Imagine one of our own great conventions, such as that in Washington or Minneapolis, when our two national societies met as one, with an audience composed of delegates from different countries instead of from states, and those who have not had the experience of attending an international congress can gain something of an idea of what such a gathering is like.

Miss Dock, in her report which is found on another page, has given a conception of the personnel of the congress and of the splendid enthusiasm which pervaded every meeting.

After an interval of two months several impressions remain vividly in our mind,—the singleness of purpose of this great group of women from seventeen countries, the same earnestness, the philanthropic and altruistic motives, which were the keynote of every paper and every discussion, not a word showing selfish interest and not a suggestion of anything which had for its end selfish advantage to nurses. The literary excellence of the papers presented impressed us very forcibly, and may be taken as an indication of the rapid development of nursing, educationally. Then, as we listened to the description of work in other

countries, of obstacles yet to be surmounted, we were impressed with the marvellous strides we have been making in the United States since the agitation for state registration.

Another thing which struck us forcibly was the attitude of the English press towards the convention. In our own country the newspapers have always given space to nursing affairs, permitting in almost all cities a very free discussion of both sides of nursing questions. In London, during convention week, although very full reports, we know, were submitted to leading papers, the fact that such a convention was being held was hardly recognized, and both to the nursing world and the general public this great gathering of women, whose aim and object is the raising of the standards of education for nurses which should lead to the more effective care of the sick and oppressed, was practically unknown. We have often deplored the sensational attitude of the press in the United States, but such an attitude is perhaps more enlightening than one so conservative as the English which withholds knowledge which can only reach the public in that way. This attitude of the press gave us also a greater appreciation of the obstacles and difficulties which the English women have to overcome before they can gain the recognition which has now been accorded to the nurses in twenty-four states in America.

Our place in the congress was entirely that of a visitor, and from the standpoint of an onlooker the convention seemed expensive, more so, we believe, than is consistent for a group of working women. While the interchange of bouquets of flowers and gifts to officers is a very pretty ceremony and inspiring in a way, we believe we need to be a little cautious not to give this tendency free range. The *British Journal of Nursing* has announced the cost of the convention to have been £600, practically \$3000.

One incident which occurred at the great dinner distressed us somewhat, perhaps because of our Puritanical ideas of propriety. This was the providing of cigarettes for a woman's dinner, which we think was uncalled for, and the smoking on the part of more than a few of those present. We are sure the half-dozen men present would not have felt embarrassed if the women had not joined them. While we know that this custom prevails among women on the continent to a much greater extent than in our own country, we think nurses coming together in a professional conference should not relinquish for a moment that dignity and womanliness which are so important qualifications of a true nurse, and particularly at a time when the whole nursing body the world over is so in the lime-light of criticism. We can honestly say

that we did not see any of our fellow countrywomen participating in this practice, and we hope we may never again at any gathering of nurses see a recurrence of this.

While we have not a word to say of each nurse's right to conduct herself as she pleases in her private social life, in her professional life, simplicity of dress and demeanor is more in keeping with her calling. She is not called upon to imitate the extremes of the leisure class.

THE CANADIAN DELEGATION

No delegation was more representative of its country than the Canadian, led by Miss Snively, who is so well known to nurses here. It was our privilege to see the wreath which Miss Snively was permitted to lay on the tomb of Queen Victoria, accompanied by fifteen of the members, that being the limit placed by the King for those who should attend, and who were chosen by lot by Miss Snively from the twenty-two Canadians present. A photograph was taken which shows the entire delegation just as they stepped off the train at Windsor before taking carriages for Frogmore, but it gives no conception of the artistic beauty of the wreath, which in color shaded from the deepest purple of violets to the most delicate lavender of orchids, with a little sprinkling of lilies-of-the-valley over it all. A cluster of maple leaves, the national emblem of Canada, was arranged at one side.

The memorial prepared by Miss Snively for the occasion was engrossed on parchment and sent to King Edward, which, with his reply, we give:

"By the permission of His Most Gracious Majesty King Edward VII, it is our exalted privilege this afternoon reverently to stand beside the tomb of the greatest of English monarchs, Victoria, Queen of Great Britain, and Empress of India.

"As loyal British subjects we recall with pride and satisfaction the grandeur and power of her kingdom, and the wonderful wisdom and progress which characterized her reign over many races and peoples, but above all these we delight to remember the womanly gentleness of her character, and that every effort for the alleviation of human suffering found a ready response in her sympathetic nature. These qualities have enthroned Queen Victoria in the hearts of her subjects, not only in England but in her dominions across the seas. In the name, therefore, of the Canadian National Association of Trained Nurses, and as their representative, I most loyally and reverently place this tribute of heartfelt homage and undying devotion from the nurses of the Dominion of Canada on the tomb of our late beloved sovereign, Queen Victoria."

“BUCKINGHAM PALACE,
“27th July, 1909.

“MADAM:

“I am commanded by the King to thank you and the Canadian National Association of Trained Nurses for their address.

“His Majesty has had great pleasure in giving them permission to visit the mausoleum at Frogmore, and he is much touched by the words which you make use of in your communication in regard to Queen Victoria.

“I am, madam,

“Your obedient servant,

“KNOLLYS.”

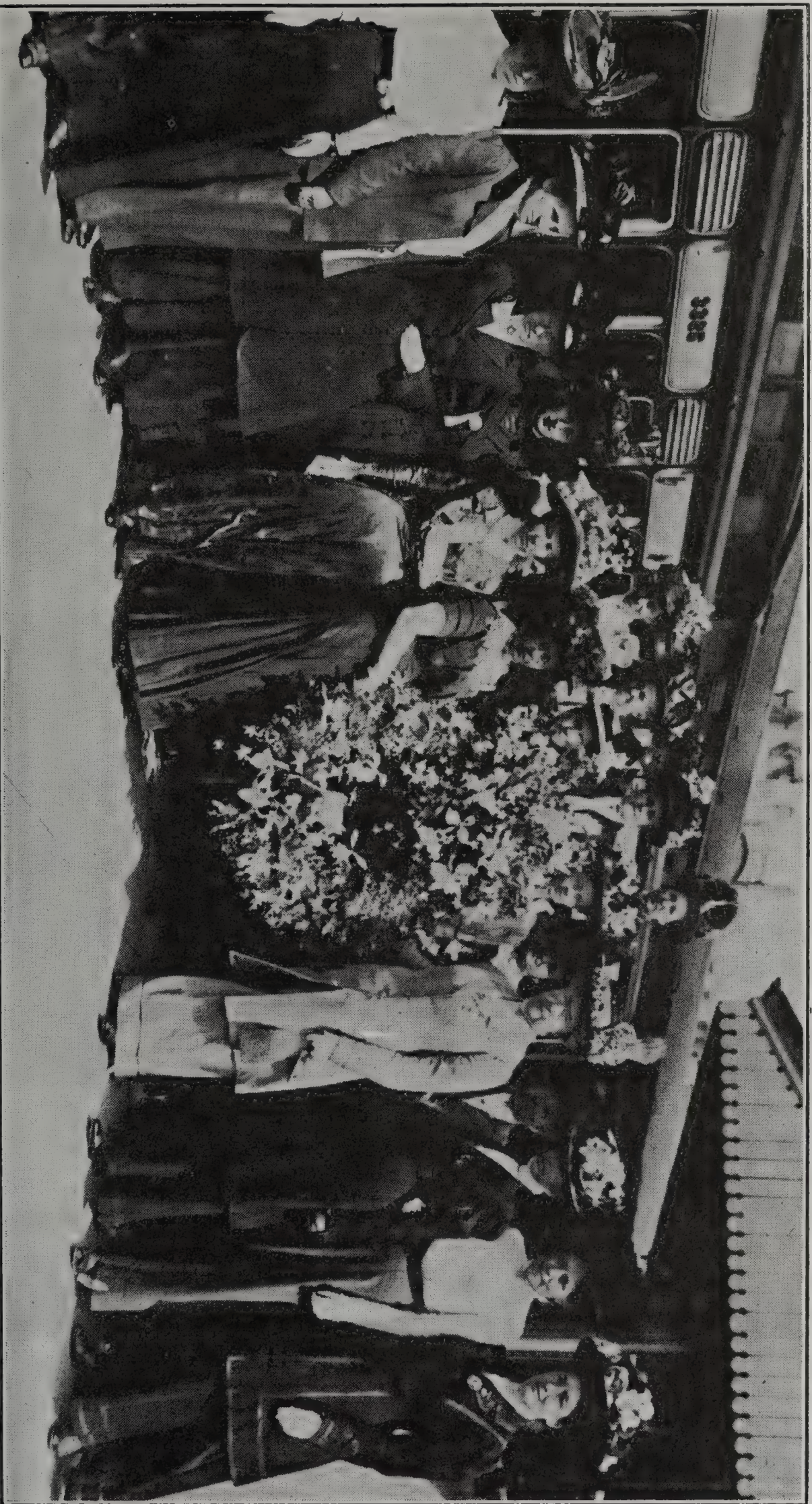
OFFICIAL RECOGNITION BY THE AMERICAN AMBASSADOR

Miss Dock has omitted to mention the very delightful luncheon given by the American Ambassador and Mrs. Whitelaw Reid at Dorchester House to ten American and ten English members, perhaps because she yielded her place as one of the ten to us and it slipped her mind. This was one of the most delightfully interesting of the social functions. The ambassador had at his right and left Mrs. Bedford Fenwick, president of the congress, and Miss Goodrich, president of the American Federation of Nurses; and Mrs. Reid at her right and left, Miss Breay, treasurer of the congress, and Miss Stewart, president of the Matron's Council. Mrs. Reid is an honorary member of the Associated Alumnae, and her interest in nursing affairs, especially army nursing, is based upon knowledge of what we are doing and remains unchanged by her official life, as shown by her sincere cordiality both at the luncheon and at the reception which followed later in the day. The opportunity to see Dorchester House at closer range, said to be the most beautiful private residence in London, was a privilege which every one present prized.

The week of perfect rest in the Lorna Doone country with Miss Snively, and the trip home by a Canadian line, via Montreal, the St. Lawrence, and Lake Ontario, almost to our very door, completed five weeks of freedom from care such as we have not enjoyed since the JOURNAL came into existence.

ORGANIZED OPPOSITION TO NURSING PROGRESS

THE announcement was made in these pages in the July number of the passage of the bill for registration in the state of Pennsylvania after four years of bitter struggle against organized medical opposition. These opponents have established a so-called national association which



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THE CANADIAN DELEGATION.

has for its object the control of the nursing profession and is now publishing a little magazine, the second number of which has come into our hands. The opening paragraph reads: "Every physician knows, and every nurse ought to know, that the business of nursing was created by the medical profession. The physicians have opened the door of this opportunity and put the nurses in the way of acquiring the necessary knowledge and skill."

The publication is filled with statements, quotations, and comments, of which we quote a few to show the character of the opposition and the misunderstanding or wilful misrepresentation of the registration movement and of the standards and ideals which nurses are working for, for the betterment of nursing service to the sick.

"Pleasing the doctors is the surest way to add jam to your bread and butter."

"The nurse secures her employment by the recommendation of some physician, and advances in her profession by loyally assisting the medical adviser under whom she serves."

"These vigilant guardians of the public health (state examining boards) evidently judged it unsafe to permit any one to nurse who was not equipped and inclined to encroach largely upon the physician's definite province."

"The 'R.N.' ('Real Nuisance') nurse is not wanted."

"There is no reason for registering nurses. R.N.'s are so conceited that I cannot trust them. To give them equal standing with the doctor is worse than suicide."

"The only latitude a nurse should be allowed is a strict obedience to orders; if she keeps the sick-room in a sanitary condition besides she will be busy enough. They require no more legal standing than a capable cook or chambermaid in the same house. Any sort of legally qualified incompetence is *prima facie* evidence of competence and breeds carelessness."

"Obey the doctor in all things. Be thoroughly loyal to him in all you do and say. Don't criticize his treatment, or dress, or habits. Do not withhold his medicines, nor substitute your own remedies. You have no license to practice medicine."

"She should not talk about the doctor."

"She should not try to make perfumery take the place of cleanliness."

"It were far better if more time were devoted, both didactically and clinically, to teaching nurses to be genuinely humane. This quality I believe is the one most lacking in the average nurse. They should be taught to differentiate between sympathy and sloppy sentimentality."

"Nurses of the state registration type would change that title (Angel of Mercy) to 'officious meddler' or 'grasping commercialist,' but the rank and file of the working nurse repudiate the selfish leadership of these self-seekers and will cling to the old ideals with loyalty to physician and devotion to patient."

In contrast to these there is one article entitled "The Nurse the Popular Teacher of Asepsis," which sets forth as clearly as we could do the value of the educated nurse. "We cannot too clearly recognize that it is the nurse who has the secret for lack of which the millions perish. The physician has the truths, but the nurse has the power to demonstrate them to the popular belief. Where she is unknown, disease and dirt defy the sanitary gospel; where she has come, disease fights a losing battle. If we can sufficiently increase her numbers and strengthen her hand, the Promised Land of vision may soon become an actuality in our possession."

We refer our readers who may be in doubt to the life of Florence Nightingale and to the "History of Nursing" for the authentic history of nursing as a profession.

ANSWERS TO EXAMINATION QUESTIONS

SINCE the state examinations have commenced, we have been asked several times to print the answers with the questions in the JOURNAL. One writer says: "Many times we are too tired to study out the answers, and if they were printed we would learn a great deal from them." We are of the opinion that printing the answers would also demonstrate that it is the nursing care, not medical treatment, that is wanted, and that they would also call out some criticisms that would be helpful. Questions would have to be more carefully prepared. The only objection that could be raised to this would be the work involved for the examiners, but to all concerned the procedure would be "educative." We call attention to the examination questions of the North Carolina Board in which those questions suitable for medical students were submitted by the medical members of the board.

THE REPORT OF THE AMERICAN HOSPITAL ASSOCIATION COMMITTEE ON TRAINING SCHOOLS

THE report of the committee on training schools for nurses of the National Hospital Association was given to the members early in September that they might be ready to intelligently discuss it when the subject should come before them at the convention held in Washington, September 21-24.

The report is very satisfactory in its most vital parts. It upholds the three years' course for general hospitals, advocates two years and three months for smaller schools with limited experience, and recommends affiliation and preliminary instruction. Its weak point, in our judgment, is in the endorsement of the idea that a cheaper grade of attendant nurses shall be trained for chronic cases and the great middle class, and that such nurses shall receive their training in the hospitals or wards where chronic cases are cared for. We believe that people of the middle class are worthy of the same kind of skilled nursing as the rich who can pay and the poor who are paid for, and for that reason alone dislike the suggestion. Moreover, we believe that the nursing care of the middle class is a nursing problem, but one which the nursing body has fought shy of for so many years that, if this plan is put into effect, there is no just ground for a word of protest.

Before this issue of the JOURNAL will have reached our readers the report will have been discussed at the Washington meeting, and the consensus of opinion of the members will be given in our next number, until which time we reserve further comment.

"THE LIMITATIONS OF THE NURSING PROFESSION"

IN Mrs. Lockwood's paper read at the Minneapolis meeting, entitled "The Limitations of the Nursing Profession," she discusses those limitations very fairly from many standpoints.

To one point which she makes, we wish to add a word. She says: "It is rather absurd, is it not, to be investigating almshouses, instructing public health committees, and planning to take care of the great middle class while we are not working to conclusions in our own affairs? Let us look to our own interests, recognize our limitations, correct our own faults. Let us work to conclusions and effects in schools for nurses so that the next generation of nurses shall have a surer, broader footing on which to stand and call itself a profession, and easier steps upward to a science."

In this statement Mrs. Lockwood loses sight of the fact that great masses of our members are not concerned directly with the fundamental principles of teaching and instruction, that they have passed on and beyond those subjects into broader fields than could be included, and that as we progress we must give recognition and support to their interests, as well as to those nurses who are engaged in teaching problems or in the detail personal care of the individual patient.

Our special education along certain lines places upon us an obligation in public health questions, such as almshouse work, tuberculosis

work, infant mortality, venereal prophylaxis, etc., and our members have a place among public spirited citizens and philanthropists.

We are entirely in sympathy with what Mrs. Lockwood says about those schools that use their pupils as a means of cheap service and do not give them adequate nursing education. It is the evil which has given rise to the great movement of state registration, which is by slow degrees providing a minimum educational status for such hospitals. But we must not stand still on those broader lines of development while we are endeavoring to correct defects in the fundamentals of our educational system.

PREVENTION OF INFANT MORTALITY

THE Conference on Infant Mortality to be held in New Haven, Connecticut, on November 11 and 12, will be an important meeting, dealing as it does with a subject which concerns the entire race and is enlisting the activities of physicians, educators, nurses, charity workers, and good citizens generally. The program is not prepared yet in detail, but it will offer sessions discussing medical, philanthropic, institutional, and educational measures of prevention, and the sessions respectively will be presided over by Dr. Mason Knox, Dr. Edward Devine, Mr. Homer Folks, and Professor Winslow. In each of these sessions there will be matters presented and discussed which, while of interest to nurses generally, will be of very special value for those in district work who come into close and daily contact with the uncleanly home, the ignorant mother, and the helpless baby. Our nurses are already rendering good service in this direction in many cities. They will be called upon for further service, and will respond. To this end it is desirable that they should follow the proceedings of this conference, to see what work is to be undertaken and where and in what ways they can best co-operate with other workers, and to contribute information, if desired, from their own experiences. It seems quite probable that nurses may make valuable contributions to statistics in infant mortality, and they can render yeoman service in teaching the mothers.

Invitations to be present and to take part in the discussions have been received by the presidents of the Federation, the Associated Alumnae, and the Superintendents' Society, the Editor of the *AMERICAN JOURNAL OF NURSING*, and certain other representative nurses.

The following societies are being invited to send delegates who can report to their associations the essential features of the conference: the American Federation of Nurses, the Associated Alumnae, and the Society of Superintendents of Training Schools.

THE SCHOOL FOR NURSES OF THE UNIVERSITY OF MINNESOTA

THE University of Minnesota Bulletin for July announces the establishment of the training school for nurses and gives the curriculum for instruction in detail. The following paragraphs taken from the bulletin show the general plan of organization which is to be followed:

"The entire course of study will cover a period of three years. The first six months will be devoted to preliminary courses of instruction under a special matriculation fee. These courses, for a period of four months, will be conducted in several of the departments of the College of Medicine and Surgery by a corps of faculty instructors, with the assistance of the superintendent of the training school. Examinations will be held at the close of this four months' work and must be satisfactorily passed in order to permit of further advancement.

"Following these courses, admission will be had to the hospital, and the ensuing two months will be given to practical training in hospital service and economics, and during this time the student will be given no responsibility for the care of patients. Nurses will, then, upon successfully completing this preliminary course and with due consideration to their general fitness, be admitted to the full hospital service. In the succeeding two and a half years, a graded system of hospital education will be conducted, during which the student will serve in the wards, dispensaries, laboratories, dressing rooms, and operating rooms, in succession or alternation. Courses of lectures and demonstrations will be given by members of the faculty and by the superintendent in each year, and, at its close, examinations will be conducted in both practical and didactic work.

"At the close of the three years' course of training, the successful candidate for graduation will be presented to the faculty and, upon its recommendation, she will receive from the Board of University Regents a nurse's diploma. A certificate will be issued, at the close of each year's work, to the successful student, by the dean of the college, but applicants will not be admitted to advanced standing from other schools until a better determination can be made of a standard of minimal requirements in each year than is, at present, possible.

"Graduate nurses will be eligible, under prescribed regulations and competitive examination, for positions in the hospital service as head nurses.

"Graduates or undergraduates of other hospital training schools will be admitted, upon certificate of good standing from their respective schools, and upon payment of the usual matriculation fee, to the four months' preliminary course of training. After regular attendance upon

this course and upon passing the examinations proper to the course, certificates of its satisfactory completion will be granted."

INSURANCE FOR NURSES

ONE of the questions in the hands of a special committee of the Associated Alumnae, composed of Miss Davis, chairman, Miss McIsaac of Benton Harbor, and Miss Nichols of Boston, is that of insurance for nurses. We print in this issue an article on the subject written by Miss Gordon, in which, if carefully studied, will be found the reason of existence of all class of fraternal insurance or benefit societies managed by the members themselves.

The points in favor of insurance for nurses by nurses taken in order of importance would be, first, the obviously growing urgency of the need of such prophylactic measures for nurses as a class to make definite provision for the future, and the manifest force of an insurance contract to compulsory frugality; second, by running of the machinery in the most careful, economical manner, by eliminating the agent, the high-salaried officials, and the expensive offices, we might reasonably expect a much larger premium on the policy or the annuity for the like amount invested.

We understand that the committee will take up the matter vigorously this year and submit a definite working plan to the association at the meeting to be held in New York next June. In the meantime, the chairman, Miss Davis, will be glad to receive suggestions from nurses who have studied the subject. Miss Gordon's paper provides a basis for discussion and a foundation upon which to build.

NURSING CARE AND INDUSTRIAL INSURANCE

AN interesting experiment is being tried by the Metropolitan Life Insurance Company of New York. A district nurse is being supported for the benefit of the industrial policy holders in certain districts of the city. If the plan proves successful, it will be gradually broadened to cover the city and to extend to other cities,—indeed it is already under way in Baltimore. The project has two sides, one of benefit to the wage earners and the widening of the sphere of the district nursing association, the other of advantage to the company in a lowered death-rate and in the inducement of nursing care in illness which can be offered to the industrial policy holders.

The plan originated with Miss Wald in her desire to extend nursing care to more of the sick poor, but if it proves a profitable experiment to the company it will be none the less beneficent in its results and will

have greater stability in its support. The plan of the company is to work in connection with existing district nurse associations, wherever such exist.

THE HUDSON-FULTON CELEBRATION

THE Hudson-Fulton celebration in New York, which commenced on September 25 and extends to October 9, will not have ended when this magazine reaches our readers. The New York County subdivision of the National Red Cross has furnished Red Cross nurses to serve at the relief stations established along the line of march during this celebration. Miss Jane Tuckerman is chairman of the committee on organization and Miss Delano was chosen superintendent of the nurses on duty who volunteered for the service.

The committee on science, history, and art of the Hudson-Fulton celebration has arranged that special exhibits relative to the occasion shall be free to the public during this time. Among those that seem most interesting are: an Indian exhibit at the American Museum of Natural History; an exhibit relating to the Indians on Long Island at the Brooklyn Institute; a collection of documents about old New York at the College of the City of New York; Revolutionary relics at the Fraunces Tavern; an exhibition of paintings at the Metropolitan Museum; the Aquarium, especially interesting to children; and a collection of Colonial relics at Washington's Headquarters.

MISS DELANO'S APPOINTMENT

THE brief announcement which was given in our September number of the appointment of Jane A. Delano, R.N., to the position of superintendent of the Army Nurse Corps, under the Surgeon-General, we know has given satisfaction to the great rank and file of nurses of this country.

To the older women Miss Delano is too well known to need a word of introduction; perhaps to the younger ones her career may not be familiar. Miss Delano is one of the early graduates of the school at Bellevue Hospital. She has had the practical experience of working under the old régime of the Red Cross at the time of the yellow fever epidemic in Florida. She was for a number of years superintendent of nurses of the University of Pennsylvania Hospital, under Miss Davis, and for five years, previous to Miss Goodrich's appointment, was superintendent of Bellevue Training School, resigning because of her own ill health and for family reasons.

She is intensely interested in the broader development of the Red Cross, and has accepted the position at the head of the Army Nurse

Corps with the hope that her long and varied experience as a teacher and executive officer may be of service in the further development of the army nursing service.

Miss Delano was abroad at the time of her appointment and curtailed her trip to hurry home and so adjust her personal affairs as to assume her new duties. She has been at the Surgeon-General's office since September 10.

We have heard a number of expressions of disappointment that the report of the Red Cross Committee and the discussion which followed its reading could not have been given in full with the Associated Alumnae report in the September JOURNAL. We are going to discuss the Red Cross situation in the November number.

ILLNESS OF MISS COOKE

MANY of our readers who have attended the last few meetings of the Associated Alumnae will hear with regret that Genevieve Cooke of San Francisco, first vice-president of the Associated Alumnae and Editor of the *Nursing Journal of the Pacific Coast*, has been obliged to undergo a very serious operation at one of the San Francisco hospitals, from which, we are rejoiced to be able to report, she is making a fair recovery. Her place is being temporarily filled by Mrs. Elsie Courrier Phillips. As soon as she is able to travel, Miss Cooke expects to go to friends at Vancouver, and later to Yonkers, N. Y., to take a long rest.

A HOME FOR THE NURSES OF WASHINGTON, D.C.

It will be remembered that a central directory was established in Washington recently which has proved to be a model of its kind. A correspondent in that city now writes us:

"The serious problem of housing has for years been agitating the graduate nurses of Washington. What can we do to secure a home for less money? Every one of us is hungry for a home, as rents are so exorbitant that they make life a tragedy. Our plan is to solicit enough investors to build an apartment, nurses taking stock at twenty-five dollars a share at a good rate of interest; a house well built, in a good locality, to accommodate seventy-five or a hundred nurses (all small apartments), with single rooms; two rooms, kitchen, and bath; three rooms, kitchen, and bath. These apartments are to be perfectly bewitching, and will answer to the dear, dear name of *home*."

THE JOURNAL AND THE NEW YEAR

ON October 1 the AMERICAN JOURNAL OF NURSING celebrates its ninth birthday and begins its tenth volume. We must remind our subscribers whose year expires at this time and who wish to keep their files unbroken that it is almost impossible to estimate in advance the number of October magazines that will be needed and that, if they delay in renewing, we may not be able to supply the missing number. We also ask our good friends to secure, if possible, at least one new subscription each, to send with their own renewal, or at least to inclose the names of such of their friends as are not subscribers and might profit by a sample copy.

There are no very marked changes being contemplated in the form of the JOURNAL for the coming year. The newer lines of development in social work, prevention of infant mortality, insurance nursing, and insurance for nurses will be given prominence, and greater space given to army and navy nursing. During the past year special articles on dietetics have been given and these will be continued. Two of special interest which are promised are "The Invalid's Lunch Box," by E. Grace McCullough of the Massachusetts General Hospital, and "Fireless Cookers," with recipes for fireless cooking by Anna B. Hamman, author of "Housekeeping for Two."

It is not our intention to restrict our pages in any way by subdivision into section departments. Our aim is to present such phases of nursing and its contributing work as will be of professional and practical value to all nurses.

During the summer season we have had two great gatherings in which plans and ideals have been submitted and discussed, new friendships formed, and the inspiration which comes from association with those engaged in the same occupation has been marvellously stimulating. To justify the outlay of both time and energy, the coming year must show a record of deeds accomplished, and our watchword should be, Work not Words.

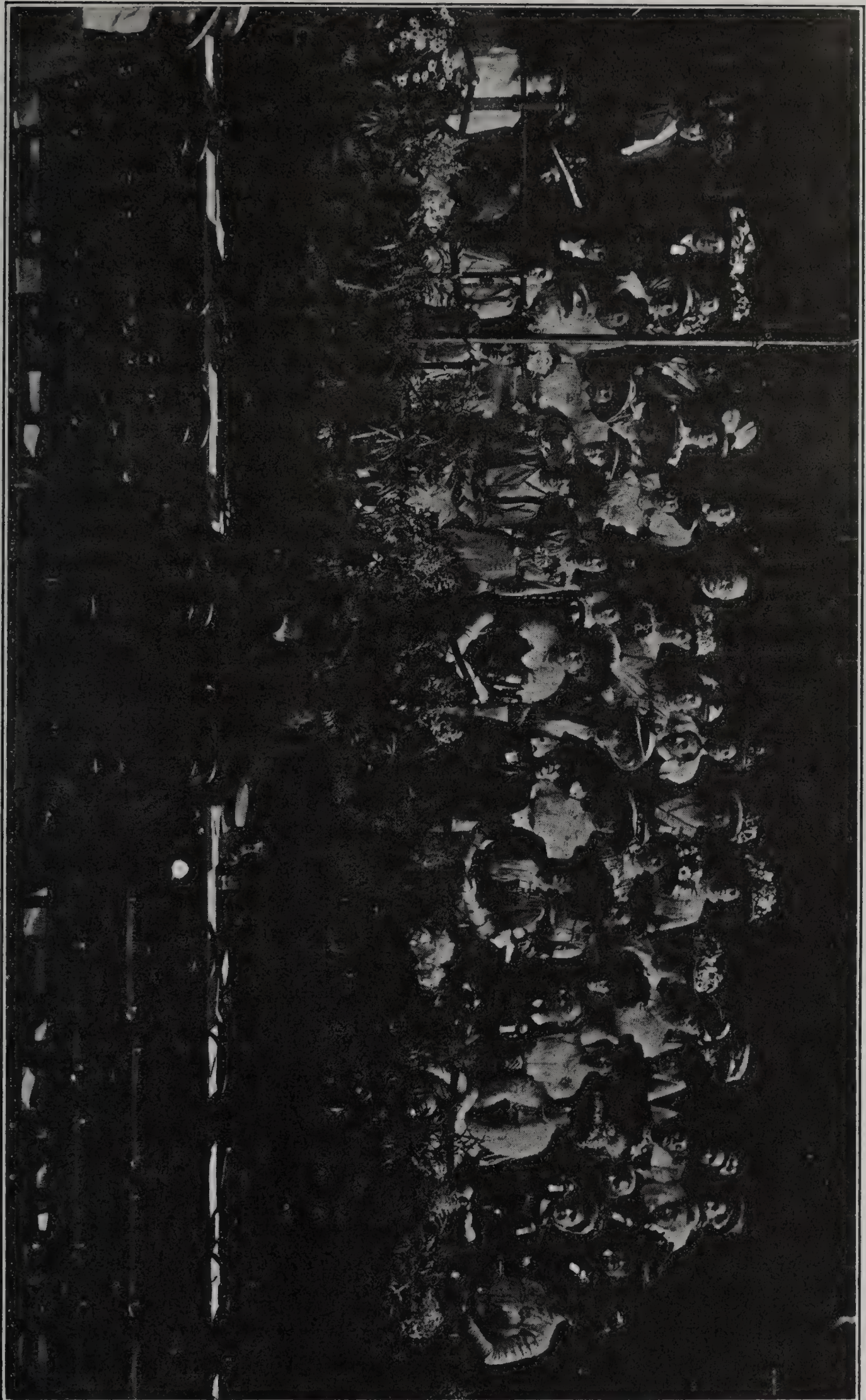
The JOURNAL Purchase Fund has made a good start and will be reported from month to month. We hope to see this question of ownership completely settled before the close of this JOURNAL year, so that the energies of the association may be turned to the broader management and development of its official organ. One long strong pull all together and it is done.

The year just closed has been, from an editorial standpoint, exceptionally satisfactory. The magazine carries almost a marvellous influence in its journey each month around the world. There is a wealth

of material from which to choose, and expressions of appreciation from near and far have encouraged and inspired the editors.

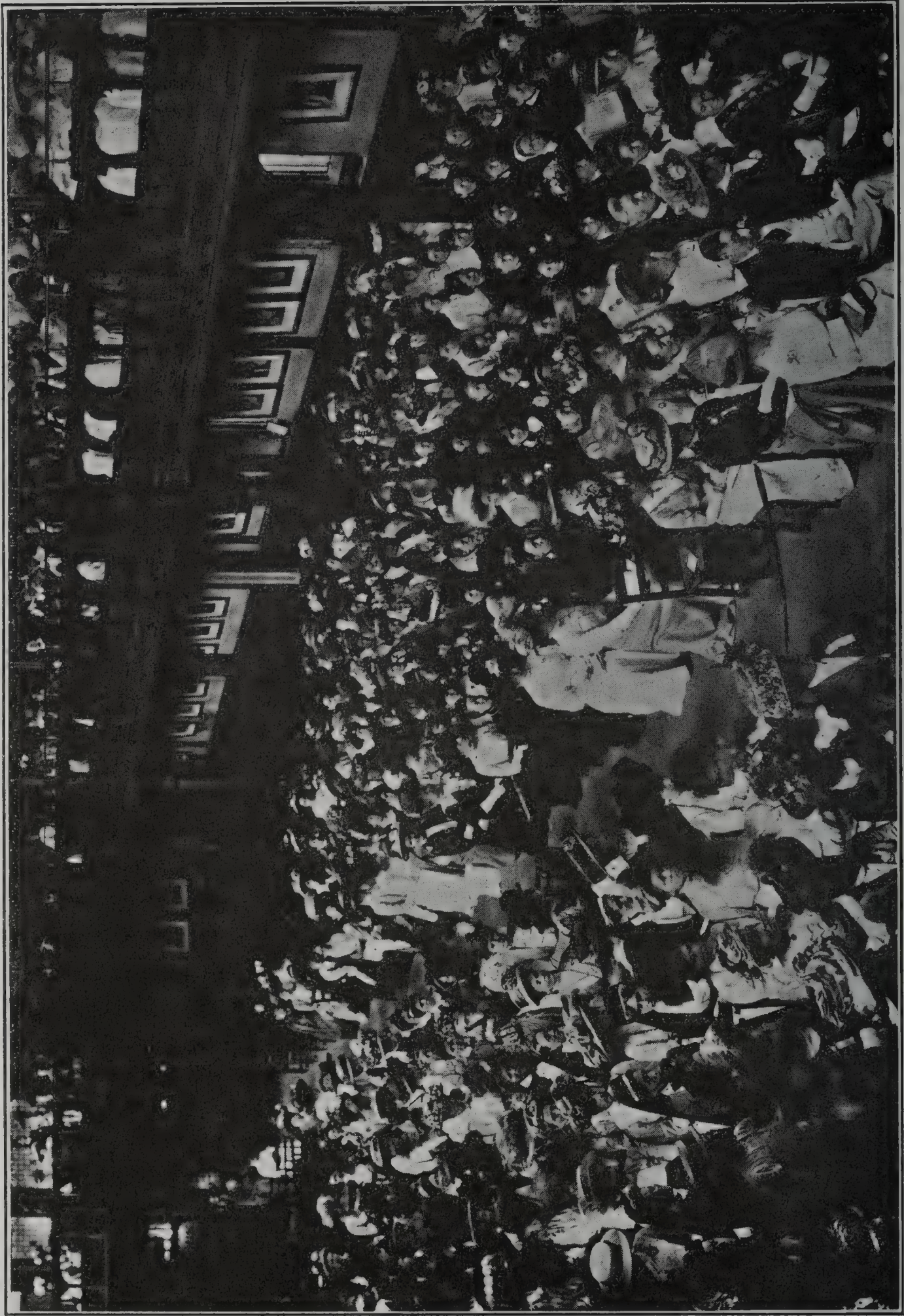
From a business standpoint the development has been more rapid than was entirely wise. The fact that thousands of nurses are reading the JOURNAL without paying for it does not lessen its educational or professional value but does restrict its broader development and necessitates some curtailment of expenses. The experiment of a special business manager is to be abandoned and the supervision of that department again reverts to the editor-in-chief, who carried this double burden for the first six years of the JOURNAL's existence; otherwise the subscription price would have to be increased or the number of pages considerably reduced. These are points to be seriously considered by the affiliated societies when studying the JOURNAL question the coming year. The plan discussed at Minneapolis by which, in the reorganization of the association, the subscription to the official organ shall be included in the membership dues would settle the question of finances for all time and seems absolutely necessary, because, when the ownership and the management pass entirely into the hands of the Associated Alumnae, there will be no JOURNAL COMPANY to meet financial deficiencies should they occur.

Again the editors desire to express their thanks to all who have aided them during the year in maintaining the JOURNAL as a power in the nursing world.



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THE INTERNATIONAL CONGRESS—THE PLATFORM.



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THE INTERNATIONAL CONGRESS—THE HALL.

THE LONDON MEETING OF THE INTERNATIONAL COUNCIL AND CONGRESS OF NURSES

By LAVINIA L. DOCK, R.N.

Honorary Secretary International Council of Nurses

THE OFFICIAL DAY.—Each assemblage of nurses, of an international character, has been bigger, more deeply enthusiastic, more inspiring than the last. So the meetings of the London Quinquennial have been not only more remarkable than any others for intense interest and for their cosmopolitan character, but also for the powerful energy of impulse felt by all present, which was expressed in ways that will bring far-reaching results.

First, who was there? Seventeen countries were represented by delegates, fraternal delegates, or visitors, and eight or nine languages were heard, though English was spoken throughout on the platform. Official delegates present were: Mrs. Bedford Fenwick, president of the National Council of Trained Nurses of Great Britain and Ireland, and four delegates from that body who were, Miss Rogers, matron of the Leicester Infirmary, Miss Lamont, superintendent of the Irish branch of the Queen Victoria Jubilee Institute, Miss Burleigh, superintendent of the Royal Hospital for Sick Children, Edinburgh, and Miss Burr, secretary of the League of St. John's House Nurses. Miss Goodrich, R.N., president, and Mrs. Robb, Miss Delano, R.N., Miss Maxwell, R.N., and Miss Cadmus, R.N., delegates of the American Federation of Nurses. Sister Agnes Karll, R.N., president, and Sisters Erna Nagel, R.N., recently from the International Hospital, Palermo, Italy; Marthe Franke, R.N., matron of the Children's Seashore Sanatorium, Norderney; Hedwig Schmidts, R.N., assistant matron, City Hospital, Charlottenburg, and Hanna Miller, R.N., superintendent of the City Hospital, Rheydt, sent by the German Nurses' Association. Miss Tilanus, president of the Holland Nurses' Association, and Miss van Lanschot Hubrecht, the secretary of the same, Miss Verbeck, district nurse in the municipal medical service, Amsterdam; Miss van Haeften, the first appointed public school nurse in Holland; and Miss Meyboom, matron of one of the city hospitals, Rotterdam, as delegates from Holland. Baroness Mannerheim, matron of the Surgical Hospital, Helsingfors, and president of the Association of Nurses of Finland, with Miss Koreneff, matron of the Maria Hospital, Helsingfors; Miss Nylander, superintendent of the Preliminary Training School of the

Helsingfors Surgical Hospital; Miss Bergstrom, hospital Sister, and Mrs. Lackstrom, editor of *Epione*, the journal of the Finnish nurses, delegates. Mrs. Tscherning, president of the Danish Council of Nurses, with the four Danish delegates, Miss Hellfach, superintending nurse in the Kommune Hospital, Copenhagen; Mrs. Koch, recently head nurse in the Presbyterian Hospital, New York City, now living in Denmark; Miss Hjorth, Sister in the Royal Frederiks Hospital, Copenhagen, and Miss Andersen, Sister in the Qresunds Hospital, Copenhagen. Miss Snively, president of the Canadian National Association of Trained Nurses, with the Canadian delegates, Miss Brent, superintendent of the Hospital for Sick Children, Toronto; Miss Scott, superintendent of the Training School, Grace Hospital, Toronto; Miss Baikie, president of the Montreal branch, and Miss Tedford, head nurse in the General Hospital, Montreal. Such a delegation has never yet been seen in the history of nursing.

Other members present with votes were seven officers and councillors of the International, and two honorary vice-presidents, namely, Miss Breay, treasurer, and Miss Dock, secretary, and Miss Stewart, matron of St. Bartholomew's Hospital; Miss Cureton, Miss Knight, matron of the General Hospital, Nottingham; Miss Mollett, matron of the Royal South Hants and Southampton Hospital, and Miss Huxley, past president of the Irish Nurses' Association (and niece of the great Huxley), councillors, Dr. Anna Hamilton, France, and Miss Turton, Italy, honorary vice-presidents.

Furthermore came the fraternal delegates, having no votes, but coming to show good-will and interest. From Australia five, Miss Robson, Miss Blomfield, Miss Ragg, Miss Peyton Jones, and Miss Laurence, as well as several visitors from Australia; from Cuba three, Miss Hibbard, whose work is so well known and who is now directing tuberculosis work in Havana, Miss Nuñez, inspector-general of schools for nurses under the Cuban government, and president of the Cuban Nurses' Association, and Miss Monteagudo, superintendent of the Municipal Sanitary Service, Havana. These fraternal delegates were sent by the government Department of Health and Charities. All their expenses were paid, and they brought most kind and cordial letters from the head of the department, Dr. Duque, whose interest in the wider education of his nurses is a gratifying thing and an example to be followed.

Belgium sent prominent fraternal delegates, several of whom came directly from the Belgian government and several from the Federation of Secular Nursing Schools. Miss Cavell, superintendent of the training school in Brussels, read the report, and Dr. Ley, the advanced physician

who came from Paris, was again present, while several nurses completed the party.

France sent a remarkable body of fraternal delegates, representing all the modern progressive groups in that country. Besides Dr. Hamilton, Miss Elston, Dr. Lande, and Mme. Kriegk came from Bordeaux, with Mlle. Siegrist, one of their graduates now in charge of a maternity school, Mlle. Irasque, and Mlle. Bos, assistant and pupil from the Tondu; Mlle. Luigi, the young superintendent of hospital and training school at Béziers and president of the French Society of Training School Superintendents, came also, while the French Minister of War appointed Mlle. Roulet to represent army nurses.

From Paris came Mme. Jacques, the attractive and gracious matron of the new training school in Paris, with a group of her pupils; M. André Mesureur and the new director of the Salpêtrière, representing the governmental department of Hospitals and Charities of Paris; Mlle. Chaptal and Mme. Alphen-Salvador, representing the private nursing schools; and ladies representing the French Red Cross Society.

Fraternal delegates came from Holland representing the conservative party.

Japan, through the kind personal interest of our old friend Miss Suwo, and of Prince Matsukata, president of the Red Cross Society of Japan, sent a most engaging little fraternal delegate in the person of Miss Take Hagiwara, who has served through three wars and received medals from France and Japan. She attended all the sessions most regularly, brought a splendid paper from Japan, and was quite one of the lions.

Sweden sent a very notable group of fraternal delegates, forty in all, headed by Miss Tamm and representing all the important hospitals, training schools, and the nursing journal of that country. They came under the direct auspices of the Dowager Queen of Sweden, who takes an active interest in nursing matters, and who is to receive full accounts of all the movements now under way in the nursing world.

Switzerland also sent a fraternal delegate from the pioneer school La Source.

New Zealand sent Miss Maude and Miss Palmer, while nurses came as visitors from Norway, Ireland, Scotland, and from all the countries already mentioned. Germany sent forty in all, every one registered under the imperial registration Act; Denmark sent forty-three all told; Canada some fifteen or more beside the delegates; American nurses who attended the meetings numbered about twenty-four in addition to the delegates; and the English nurses in attendance cannot well be estimated.

Among the Americans were Miss Packard and Miss Martin, Baltimore; Miss Le Van, Miss Giberson, and Miss Krause, Philadelphia; Miss Ehrlicher and Miss Pindell, Superintendents' Society; Miss Pearson, now in Cuba, while the thoroughly representative character of the American delegation was completed in an unexpected and gratifying manner by the appearance, at the last moment, of the Editor-in-Chief of the AMERICAN JOURNAL OF NURSING, Miss Sophia F. Palmer.

Church House Hall, holding fifteen hundred persons, was filled on Monday; about six hundred tickets were issued to the large receptions, and four hundred and fourteen nurses, mostly foreigners, went to Windsor. This will give an idea of numbers.

A glorious atmosphere of expectant enthusiasm was felt in the beautiful hall of the Church House on Monday, the opening and official day. The organ accompanied the entrance of our hundreds of visitors, and the platform and body of the hall were packed as Mrs. Fenwick arose, in her capacity as honorary president, to open the meeting. She expressed the one regret at the absence of Miss McGahey, the president, and then, in an eloquent address, gave the watchword for the coming period—"Life." The reports from the three federated countries were read, and then Miss Goodrich, on behalf of the American Federation of Nurses, extended to Mrs. Fenwick and Miss Isla Stewart the invitation unanimously given by that body in Minneapolis to accept honorary membership in its midst. They accepted with pleasure, and both invitation and acceptance were accompanied by bouquets of roses. The four councils of Holland, Finland, Denmark, and Canada were then affiliated. This was a beautiful and impressive ceremony. As each incoming president in turn read her report she was greeted by a speech of welcome and a beautiful bouquet, and the national anthem of her country was played on the organ. All present rose to each anthem, while many voices took up the strains of beloved patriotic airs. Enthusiasm was intense as these splendid leaders of nursing progress responded individually to the welcome given them.

Officers for the next period were then elected: Sister Agnes Karll as the next president, while Miss Breay and Miss Dock were re-elected. Sister Agnes's first words were a greeting to Miss Nightingale, the revered woman and pioneer.

The amendments to the constitution were quickly despatched. The number of delegates is to remain as now, four from each country, but the fees were reduced. The time between regular meetings was altered from five to three years. The next meeting will take place in 1912, and in Cologne, as Sister Agnes believes that it will help German progress.

The purpose of the International is first of all to be helpful and to go where it can give aid and stimulus.

The resolutions next came up. The first, on registration, was passed unanimously. It was put by Mrs. Robb and seconded by Mrs. Kock. A dramatic incident then occurred. Up rose Mr. Sydney Holland, time-worn enemy of registration and upholder of the system of sending undergraduates to private duty. Asking when he could be heard in opposition, he stated that the meeting was not representative. Some nurses hissed, and Miss Dock asked why he then thought it worth while to come before it with his views. Excitement was quelled by the chair who declared that full opportunity for discussion would be given next day. The enemy, followed by a henchman, then retreated in good order. The second resolution, on the rights of citizenship, was then put by Miss Hubrecht, and seconded by the Baroness Mannerheim, who told of what the women of Finland were doing with the ballot. Mrs. Millicent G. Fawcett, one of England's women prominent in higher education, had brought greetings and spoken on citizenship before the resolution was put. No dissent was expressed. Forty-two voting members being present, it was carried by a vote of thirty-eight in the affirmative. Two members voted in the negative, two refrained from voting, and two were absent. Reports were then read from countries not affiliated. Enthusiasm arose afresh for the foreign fraternal delegates on the platform, and all the reports were of great interest.

The meeting came to an end with profound emotions of joy and uplift, and all adjourned to the Gaiety Restaurant where several hundred were entertained at luncheon, amidst flowers, music, and jollity, by Mrs. Fenwick and a group of the English nurses. In all its fulness of serious interest, picturesque ceremonial, and unity of feeling this was a day the like of which we have never had.

THE CONGRESS.—The remaining four days were given to open congress meetings, of most varied interest, excellent papers, and thronged attendance. The first session in Caxton Hall was devoted to Education and Registration. Dr. Beard's paper, presented at Minneapolis, had a place here and is regarded as most important and valuable by the English leaders. Another dramatic scene occurred when Mr. Sydney Holland reappeared, armed with a very long, dull, and unconvincing brief against registration. Before beginning it he offered gross personal discourtesies to our English hostesses by launching into belittling remarks as to the relative sizes of their training schools and hospitals, and was called to order to speak to the subject under discussion. Again he descended to personalities, and meanly libelled an English nurse

present, who promptly came to the platform and exposed his "inaccuracies." Great sensation reigned. Cries of "shame," "out of order," "unfair," were heard, and it was with difficulty the chairman could secure him a hearing. After all he never came to any point, over-ran his time, and had to be closed off by the bell. As an opponent he showed himself not an honorable enemy, but a mean one, and he carried with him from the hall the general contempt of those present who understood the question. It was a perfect demonstration of what the progressive party in England have had to battle against during the past twenty years.

Deeply interesting sessions were held on "Private Duty," "School Nursing," and "The Nurse as Citizen." In the latter many of the new preventive lines of work were brought out. "The Relations of Nursing and Medicine" and the "Care of the Insane" elicited much interest. Dr. Russell's paper, given at Minneapolis, was read again here. The "Nurse as Patriot" gave the army nursing service a hearing. The session on "Morality and Health" was a terribly earnest one, and "Mission Nursing" closed the most successful and inspiring congress that we have ever held.

SOCIAL FUNCTIONS.—The extent and beauty of the social entertainments, the unbounded hospitality shown us, and the perfect arrangements and foresight of the British nurses are quite indescribable. Only those few individuals who came late or unannounced had the smallest uncertainty. Weeks ago all the tickets and invitation cards, six or eight each, were addressed to every foreign visitor who was known to be coming. The reception given by Miss Isla Stewart in the Great Hall of St. Bartholomew's Hospital was perhaps the most unique and never-to-be-forgotten evening. Another remarkable one was the banquet, where Lord Ampthill, champion of registration and typical example of the chivalrous English gentleman, presided. The receptions given by Mrs. Whitelaw Reid at Dorchester House and the Lord Mayor and Lady Mayoress at the Mansion House were both beautiful. The "conversazione" at the charming Doré gallery and the "At Home" of the *British Journal of Nursing* in Caxton Hall, the tea at the Irish Village at the Exhibition at Shepherd's Bush, with Irish songs and dances, potato cakes, scones, strawberries, and tea; the reception at St. John's House, the Nurses' Lodge, and, finally, the visit to Windsor, made a week of varied, brilliant, and lovely impressions. The king himself took a special interest in the visit to Windsor, permitting us to see galleries and gardens not shown to tourists, and allowing the loyal Canadians to lay a wreath on the tomb of Queen Victoria.

WORK OUTLINED BY THE CONGRESS.—As outcome of the papers and discussions two important lines of work are to be undertaken. One, at the suggestion of Mrs. Robb, will be a standing international committee on education to confer and work toward agreement of the basic requirements in the training of nurses. The other, the appointment of a national committee in each country to work up the propaganda against venereal disease. The congress also passed a resolution recommending courses of instruction for warders and wardresses in prisons.

REPORTS OF THE CONGRESS.—The reports given weekly by the *British Journal of Nursing* have been very remarkable, and the fulness, detail, and variety as well as accuracy of this journal's account of the whole meeting constitute a wonderful journalistic feat. The *International* will publish an official report, cost 25 cents (one shilling), but this will not contain the four days' congress papers. These will appear from time to time in the British and American journals. The report may be ordered, prepaid, from 2131 Oxford Street, London, W.

The various groups of nurses who had planned and arranged the exhibits deserve the highest praise for the remarkably interesting displays made and for the celerity with which they were all put into place. The district nursing exhibit filled a whole room and was remarkably well done. Every possible sort of device, contrivance, and invention that the ingenuity of nurse or patient could devise was there, and it seems a pity that this most instructive exhibit could not be made a permanent or a travelling one, for nothing quite like it has ever been seen before. The organizers of this section were Lady Hermione Blackwood, Queen's nurse, Miss du Sautoy, a county superintendent of the Queen's nurses, and Miss Eden, who gave great thought and ability to their task. The district nursing exhibit received and well merited the first prize.

St. John's House exhibit, illustrating maternity work and the collection organized by the Leicester Infirmary Nurses' League, demonstrating the care of the eye, ear, nose, and throat were admirably done, as also the Irish exhibit, containing many excellent inventions. The school nurses' exhibit, the London Missionary School of Medicine exhibit, the mortuary exhibit arranged by Miss Greenstreet, and the St. Bartholomew's League exhibit containing much of historical interest were all noteworthy. From abroad came many excellent exhibits, the German Nurses' Association sending a remarkable collection of over fifty dolls in various uniforms. There were also beautiful collections of badges, etc. Our space does not permit us sufficient detail, and we refer our readers to the issues of July 17 and July 24 of the *British Journal of Nursing*.

INSURANCE FOR NURSES

By CLARISSA H. GORDON, R.N.

Graduate of the New York City Training School, New York City

IN enumerating the benefits of life insurance for nurses I would emphasize the chief benefits to be a compelling force for saving and the protection offered the individual by the aggregate. Many nurses have already realized the advantages offered to them by insurance and have insured in the various large companies existent to-day, which is the only resource open to them and which to my mind is indicative of the need of a mutual insurance company for nurses.

During the last decade in almost every kind of business where many individuals are occupied in the same line of work, insurance has been undertaken among the members or co-workers. One reason for this is that where all policy holders are occupied in the same class of work they are, as is called, risks of the same class; no person holding such a policy is occupied in a more dangerous vocation than the others are occupying, the result being that the policies are fairer and more even for each. Speaking from the view-point of a nurse, I know the amount a nurse can save even under the best circumstances is small and often inadequate for the needs of her later life, therefore she must economize in her saving as well as her spending and if her saving is to be through the medium of insurance she ought to have an insurance company managed on an economical basis. One insurance writer has said that the average insurance company of to-day is managed first for the benefits of the officers, then for the agents, and finally for the policy holders, and a close study of the situation will reveal to the student some such conditions, although I do not wish to convey to any mind any reflection upon the various insurance companies of to-day, for it is true that insurance is now a science and has all the stability necessary for the very strongest financial organization. This is because of the rhythm of the "law of mortality" which is its foundation, and also for the reason that it is protected from the periodical financial disturbances which menace savings banks and trust companies which we depend upon for protection for our savings. For example, during the last financial stringency, from which we have all suffered so much, it was indeed a pathetic sight to see for blocks persons standing in line to withdraw their savings from the banks, which act alone would produce insolvency. Such conditions as these are impossible in insurance, because in protecting themselves in disaster they protect their policy holders.

We have so far shown that insurance, once we have become identified with it, does compel and aid us in saving, does protect our savings, and guarantees us protection while we are saving; therefore our next step ought to be, to consider how to form an economical insurance company for nurses, and in order to do this we must first point out where unnecessary expenditure exists in the present-day insurance company and where we can economize in insurance as it applies to the nursing profession.

There are few nurses who have been in the field of nursing during the last few years who do not know the insurance agent, or how assiduous he has been in his attention to nurses. Except in individual cases, no class of men have been more devoted. How astute he is when he wishes an interview, and how suave and entertaining he is, until he has accomplished his purpose. When we have studied insurance we have the knowledge of how much this all costs us,—this suavity, this astuteness, this devotion is all paid for by the policy holder; therefore, as it is one of the prominent issues of life insurance, as we have considered it an all around nuisance, we are going to dismiss the agency system and depend upon the education of the nurses in insurance matters to eliminate all necessity for agents.

In England, the old Equitable Insurance Company has never had agents; they have not done the volume of business some of the larger American companies have, but they have paid larger dividends to the policy holders which we, as an economical insurance company, need. In the year 1892, in the state of New York, the various more or less complicated laws with regard to insurance were grouped and amended and brought into the form of one statute called Chapter 690 of the laws of 1892. These laws have been much changed and improved by legislation each year and especially since the charges brought about by the different investigations of the last few years, so that never has the insurance experience of European nations and of the various states of the Union been better made use of, in more clearly stated laws, than have been framed in New York and other states.

While we have very stringent laws governing all kinds of insurance, we find successes and failures among the various companies, which successes and failures are due entirely to the management; for every company in order to be incorporated must be represented by a certain amount of capital, which must be deposited at Albany, and shall be in stocks and bonds of the United States, rated at true value, and at all times held as security for the benefit of the policy holders.

In the proposal of an insurance company for nurses, my idea is to form such a company, where no possible profit shall go to any one

but the insured, for we are dealing with nurses who are in the large majority women, who are seriously working for a profession which they love and wherein the rewards of their ability and efforts are meagre, and where, in their endeavor, by insurance, to save something from their earnings, they must pay at least 20 to 30 per cent. more than would be the case if they had an insurance company owned and operated by nurses with moderately paid officers, unpretentious offices, and no agents.

In studying the different kinds of insurance for nurses, I believe we have only two kinds to consider, that of the annuity policy, and the simple life policy. Personally, I believe the annuity policy satisfies all the contingencies of the self-supporting nurse. This policy is one by which the annuitant pays to the company quarterly, or semi-annually, a certain sum of money, for a given period of time, after which time the company pays to the annuitant, either quarterly or semi-annually, an annuity for life; another arrangement, which is practical in the suggestions, is to allow the annuitant to receive, instead of the annuity for life, the aggregate amount of her savings in one payment, thus enabling her to engage in business or prepare herself for some of the specialties which are now presented in the nursing profession, and to which middle age is not a hindrance.

For the nurse who is not only self-supporting but a bread winner for others as well, I believe the simple life policy as well as the annuity policy is advisable. This policy requires a small sum to be paid annually and at death a stipulated sum is paid to the heirs of the policy holder. This simple life policy may also represent at all times an asset upon which the nurse or policy holder may obtain loans, which is often a necessity in illness or forced idleness. In the formation of an insurance company for nurses, every provision should be made for saving and for protection during the period of saving, but the policies should be clear, honest, and straightforward, so that the nurse may make no mistake in choosing the policy which is best for her, as an individual.

HOUSEHOLD HYGIENE

By ISABEL McISAAC

(Continued from Vol. IX, No. 11, page 834)

VI

SEWAGE AND GARBAGE

THE disposal of sewage and garbage presents few difficulties to the dwellers in the larger and older cities, who live in apartments or well-built houses; but from casual observation in small towns and the country

one might suppose that the problem was as insurmountable as finding the North Pole or electing a Democratic president.

The general lack of intelligence upon the subject was never more tragically exemplified than in the awful prevalence of typhoid fever and dysentery during the Spanish-American War—a scourge which owed its origin to the ignorance which defiled its own water supply. We have learned much in the decade which has followed, but not until every public school child is taught the dangers from ill-disposed sewage and garbage will an army of volunteer soldiers know how to protect itself.

The final disposal of sewage in the country is a much more difficult problem than getting rid of the garbage. Without house drains the waste water from baths, dishwashing, scrubbing and laundry must be carried a safe distance from the well and the house to be emptied, a proceeding so inconvenient and difficult that it is small wonder so many housewives stand in the kitchen doorway and throw the water as far as their strength permits, regardless of the well or the looks of the back yard.

It is inexcusable for the smallest rural cottage to lack a drain for carrying off waste water, for if the drain is long enough it may be discharged into a hogshead without a bottom which is sunken into the ground and then well covered. In fact with a porous soil if the drain be carried seventy or eighty yards from the well, all sewage—water-closets included—may be discharged in this way with no bad results. The soil and certain soil bacteria together will purify enormous quantities of sewage in such a cesspool. If the drain carries nothing worse than waste water it may be discharged upon the surface where the sun and wind soon purify it.

In country places an open cesspool filled with stones is often used for emptying slops of all kinds, but such an arrangement is usually near the house, is a source of foul odors and a breeding place for flies, and it would be much more sanitary to empty the waste upon the surface, where it dries quickly and is purified by the action of the sun. In many cities the garbage is collected irregularly, causing disgusting accumulations offensive both to sight and smell. Under these circumstances every housekeeper might appreciably lessen the nuisance by burning everything possible in the range or furnace. Large cans or covered boxes may be used for the accumulation of paper, pasteboard, cast-off shoes, etc., the collection being saved for burning on cool days. The enlarged section in the pipe of the range containing a wire basket for drying kitchen refuse is a simple and satisfactory way of disposing of the most troublesome of household garbage, a few hours being sufficient to dry out the matter enough to burn it readily.

In small towns and the country the kitchen refuse is easily disposed of by domestic animals, but a common sight which is alike offensive and dangerous is the open can or pail for garbage, which stands under the kitchen table or at the kitchen door to attract flies. These receptacles are often unwashed after emptying, and afford a culture media for bacteria as well as a breeding place for flies. Such receptacles should always be kept closely covered and, if no fluids are put into them, they may be lined with old newspapers, the whole being emptied together, which leaves the sides and bottom usually entirely free from grease and the can may be rinsed with cold water.

For a small family an earthen bowl with a plate for a cover is a satisfactory receptacle for kitchen refuse; it does not rust, has no crevices, and is easily washed and kept free from odors.

In the country a weekly bonfire is all that is necessary for the disposal of paper, etc.

The old-fashioned privy vault is still painfully common in small towns and villages, as well as upon the farm, affording a never-ending source of danger to the water supply and a breeding place for flies. It seems almost incredible that such arrangements are still in existence when it is so easy and simple a matter to better them. A large galvanized pail, a tightly covered seat and a box of lime or land plaster or clean sand to cover the contents after each use, will control all bad odors, prevent the breeding of flies and the pollution of the well. The pail should be emptied frequently upon the surface of the ground at a safe distance from the house and well and be covered with a layer of earth, care being taken to avoid using the same spot twice in succession, and the sun, wind, and soil bacteria will finish the work of disposal. The pail used in such an earth closet should be thoroughly washed and the sides and bottom dusted with lime or sand before it is returned to the closet.

When one considers the danger of infections carried by house flies which are now frequently called typhoid flies, one wonders why the population of many small towns does not annually succumb to typhoid fever, tuberculosis, diphtheria, and other dirt diseases. The control of infectious diseases which are carried by house flies lies very largely in the hands of housekeepers. Unclean water-closets, privies, garbage cans, slop hoppers, basements, back yards, and alleys all attract flies and afford breeding places for them, and ultimately they find their way into food and upon dishes, napkins, towels, and other articles which come into contact with food. Thus the whole matter may be solved by the practice of cleanliness.

(To be continued.)

HOSPITAL ECONOMICS

TEACHERS' COLLEGE, COLUMBIA UNIVERSITY

BY ADELAIDE NUTTING, R.N.

WITH the opening, in September, of the new School of Household Arts, the Department of Hospital Economy shares in the advantages of the ample and completely equipped laboratories and lecture rooms and the generally enlarged and improved facilities for work which this fine new building offers.

One entire floor is occupied by the chemical laboratories, where household chemistry, physiological chemistry, and nutrition are taught. Another floor is given over entirely to the division of Foods and Cookery where several laboratories offer space for practical training in the preparation of food,—foods in small quantities for the family, in large quantities for the institution, in special forms for the invalid,—and instruction is given to the beginner as well as to the advanced student.

The floor which will prove attractive to every student of household and hospital administration is that which contains a small model power-laundry completely equipped with machinery, washer, extractor, mangle, steam-dryer, etc., where the problem of the institutional laundry may be practically handled under the supervision of a competent instructor.

This group of students will also, during the coming year, be given some opportunity of studying the actual workings of the food department of the college dormitory and of the high school lunch-room, which are now under the management of Miss Florence Corbett, a graduate of the University of Kansas and recently dietitian of the Department of Public Charities in New York, where her work in inaugurating the system of pupil dietitians in certain city institutions marks the first step in this country toward the practical training of the dietitian in her actual field of work.

The literature of the household sciences and arts will be found on the main floor in a library specially devoted to this subject, one section of which will contain a good working reference library of books on nursing and matters relating to hygiene and sanitation, and will include both American and foreign nursing journals.

To the courses which have hitherto been offered in hospital economy it is proposed to add, during the coming year, a specially arranged course of study for nurses desiring to prepare for district nursing or

for certain forms of social work in which nurses are required. This is done in response to suggestions from various quarters and, it is hoped, may prove a valuable preparation to those nurses who choose district nursing for their field of labor.

The scheme of study as at present arranged combines subjects offered in the University and in the School of Philanthropy, all courses in which are open without charge for tuition to University students. Opportunities for practical work are given in the Henry Street Settlement and in the Charity Organization Society. The latter gives the student the opportunity of becoming acquainted with some concrete social and economic problems through conference with experienced district workers and through visits made under trained direction to the houses of families in need of charitable intervention. Under the direction of the Henry Street Settlement each student will be required to devote a certain amount of time to systematic work in nursing in the district and in studying under supervision the problem of sickness in the homes of the needy. It is felt that such a combination of practical and theoretical work will be a great gain to a nurse before she enters her regular work of district nursing which, in its many and exhausting demands, is now fairly comparable to hospital work and in which any regular scheme of study is pursued with difficulty.

THE PREPARATORY COURSE.—The Department of Hospital Economy offers a one-year course designed to prepare students for admission to training schools for nurses. Arrangements have been made with the training schools of Bellevue and Allied Hospitals whereby the students who complete successfully the courses of study outlined will be admitted for two years of training and instruction in the care of the sick in the wards and other departments of the hospitals. Bellevue is a large municipal hospital with over a thousand beds, offering exceptional opportunities for practical instruction in the following services: medical, surgical, obstetrical, infants and children. The course is a further extension of the idea of preliminary training such as is now found in some of the leading training schools of the country, and its purpose is to give the student a more thorough grounding in the sciences underlying the art of nursing than can ordinarily be obtained in the hospital training school. It also aims to familiarize the student with practical procedures in general use in nursing. The student is thus prepared to benefit more promptly and fully by the opportunities which the hospital offers, and to bring a more intelligent effort to bear upon the problems presented by the patient. The students must, however, in all instances meet the physical and other tests required by the training schools.

The course is under the immediate control and direction of nurses.

The outline as at present arranged is given below, and should there be a sufficient demand for a training which brings the first year of a nurse's training (a period which must necessarily include a good deal of theoretical work) into the college, rather than the hospital, arrangements will undoubtedly be made to extend the relationship to other hospitals and to relieve them of theoretical courses, which are usually provided with considerable difficulty and expense and under conditions which seldom admit of proper study.

PREPARATORY COURSE FOR NURSING.

General and Educational Psychology.—This is a general course in psychology with special reference to dynamic psychology and the mental processes important to intellect and character.

Elementary Anatomy and Physiology.—This is an introductory course in human anatomy and physiology with comparative study of general anatomy and physiology. It furnishes a general ground-work in biological science.

Applied Bacteriology.—This course will deal with bacteria, moulds, yeasts, and other micro-organisms, selecting for most attention the forms which affect our every-day life.

First Principles of Chemistry.—This is a course for beginners which gives special attention to the elements of chemistry as related to foods and other matters of household economy.

Personal Hygiene.—The course considers the human body as an organic machine and presents personal hygiene as the study of the means of preserving and improving the health and efficiency of the human mechanism.

Elementary Materia Medica and Therapeutics.—This course includes a discussion of drugs, their sources, forms, and physiological and toxic effects, the handling of drugs, their accurate weighing and measuring, their preparation, proper methods of administration and dosage, poisons and antidotes.

Food Production.—The lectures of this course describe the preparation of the various staple foods, from the raw state to the finished product in marketable forms, and include a discussion of the composition, nutritive value, and cost of the available food materials.

Food Preparation.—The purpose of this course is to place food preparation on a scientific basis and to systematize methods of work. The course deals with the preparation of food materials based on a knowledge of their composition and the chemical changes effected by

heat and moisture, and indicates what cooking processes give best results in retaining nutritive principles in most digestible form.

Cookery for Invalids.—This course gives special attention to the food and diet of the sick and invalids. Instruction and laboratory practice are included.

Housewifery.—This course furnishes instruction and practical work in the care, cleaning, and order of the household. The cleansing processes, materials, and appliances are considered and practice is provided.

Principles of Nursing.—This course deals with the principles of science which are fundamental to the art of nursing, the practical procedures of the sick room and the appliances of nursing.

Social Economy.—There are various courses under this heading treating of social and industrial problems, of the causes of poverty and sickness, and of the various institutions for their prevention and relief.

THE OLDEST HOSPITAL TRAINING SCHOOL IN AMERICA

FROM WHICH MISS LINDA RICHARDS GRADUATED

By EMMA E. BUTLER

Secretary of the New England Hospital, Roxbury

I HAVE read with much interest the announcement of the retirement of Miss Linda Richards from active nursing work. She merits all the praise given her. The first nurse in America to step out into the world with a diploma in her hand, she has bravely led the large company following, demanding always, as her life work shows, the highest ideals, the most faithful service.

Will not a word about the hospital which had the honor to grant her that diploma be of interest to readers of the JOURNAL? There are other reasons, I think, why it merits their attention. The training school of that hospital is *the oldest training school* in America, and is to-day among the most successful ones. It owes its birth to the thought of a wise gifted woman, and its development has been almost wholly due to woman's ability and judgment.

Just fifty years ago Dr. Marie E. Zakrzewska, a German by birth, who in the new world sought the recognition of her ability which the old world had refused, was called to the chair of obstetrics in the Boston Female Medical College.

At her suggestion a small hospital for clinical work was opened by the college, largely for the purpose of instructing students and training nurses. From the hospital report of 1859–1860 I quote the following: “We early expressed the hope *to receive* and *instruct* women desirous *to be trained* for nurses. This hope we still cherish. We have had as yet but *one* application in this department.” Later on, we find that eventually six nurses entered and were trained.

At just that time the call of the Civil War for skilled nurses helped to convince people of the need of special training for that work as well as for any other.

A little group of thoughtful earnest women in Boston felt that the time had arrived for the woman physician and the properly trained nurse. As a result, in a small building, in a poor part of the city, the “New England Hospital for Women and Children” was organized, and Dr. Zakrzewska was called to its head, its avowed purpose being: “(1) To provide for women medical aid of competent physicians of their own sex; (2) to assist educated women in the practical study of medicine; (3) to train nurses for the care of the sick.”

During these first years under the direct supervision of Dr. Zakrzewska thirty-two nurses were trained. She was a strict disciplinarian and her German ideas of faithful thoroughness insured for the nurses the best practical training.

The hospital grew rapidly and in 1872 was removed to a large new building in Roxbury, a suburb of Boston. Here, with ample accommodations, it was possible to reorganize the training school, and under the supervision of Dr. Susan Dimock, a young physician of unusual talent, the school assumed something of its present form. The course was lengthened from six months to one year. Lectures were regularly given by Dr. Zakrzewska. Nurses received \$1.00 a week for the first six months, \$2.00 for the next six, and \$3.00 if they were willing to remain four months longer. This was not as payment for services, merely a “living fund.” The requirements were a “simple calico dress and felt slippers.” Then for the first time diplomas were given and Miss Linda Richards received the first one.

To-day the hospital has a large medical and surgical staff, all women physicians, a consulting staff from among the leading specialists of Boston, a resident physician, seven internes gaining practical knowledge before going out into the world, and a school of forty nurses, not including superintendents and probationers. There were treated in the hospital last year 1290 patients; the number of children was 204, and there were 567 births in the maternity.

Constant growth has called for new buildings, and grouped about the first medical building stand a large modern surgical pavilion, an up-to-date maternity, while a new nurses' home is nearing completion. In a crowded, poor part of the city, the Pope Dispensary, a branch of the hospital, aids the suffering and gives practical insight to internes and nurses in that important part of their work.

Is not this a goodly showing of woman's work, in a field in which nature has fitted her best to serve by bringing comfort and relief to the sick and suffering?

Fifty years ago a little company of brave women was fighting for the right to serve, and to-day the woman physician is a blessing throughout the land.

Fifty years ago a struggling training school stood alone with its one lone pupil desiring to be taught—to-day there are schools in every section of the country and trained nurses ready to meet every demand.

A PLEA FOR THE PROFESSION OF PRIVATE NURSING

By HELEN C. CLAXTON

Graduate of the Presbyterian Hospital Training School, New York City

WE have every reason to believe, from the strides that this new profession of ours has already made, that the time is not far distant when arrangements will be made to regulate the hours on duty and render them more suitable to the class, education, and character of the woman now demanded for the profession. Sarah Gamp and superficial nursing are things of the past, but there still remain the prolonged hours of duty which were considered fitting for those days, but that now simply make it a physical impossibility for the nurse to turn her advanced training and knowledge to the best practical account.

The question how the private nurse shall meet the demands of the public is a complicated one, and, as things are now, the lack of a supply of nurses during the summer months is only one of many difficulties that we have to deal with.

It would seem that so long as the private nurse has to remain on duty from twelve to twenty-four hours a day she will have to take long holidays, and these during the hot months of the year, because her duties are so protracted that she can only accomplish them during those periods of the year that are favorable to work.

Would it not be better for both the public and the nurse if the

hours were so regulated that the profession of nursing could become a life working possibility? that is, let the private nurse work by the hour, and let her day be an eight-hour day and thus enable her to keep scientific and responsible. (There are very good trained attendants to be had for unscientific work, who could also be employed to assist the trained nurse in many cases.) This would constrain the public, when securing a nurse, to state for how many and which hours each day they would need her, and would require the nurse, when registering, to name the hours and the number of hours she wished to work; thus establishing a corresponding adjustment of the varied hours of the demand with the equally varied hours, registered for, by the supply. The services rendered between 8 P.M. and 8 A.M. should command a somewhat higher remuneration. If a nurse is required to sleep in the house, a small charge should be made, and if she is disturbed, the charge should be according to the night-rate and the number of hours she is disturbed. A patient engaging a nurse for travel, to live in the house, or to be employed by her exclusively, should assure her remuneration equal to that of eight hours' work whether she uses her for that number of hours a day or not. Both patient and nurse should be allowed the option of changing for a fresh nurse after eight hours—or, in extreme cases, after six hours. Nurses employed by the day, *i.e.*, for eight hours, should command a somewhat lower rate per hour than those employed, for example, for one hour. With such an arrangement many of our present difficulties might be overcome. The prolonged holidays would not be needed and patients would be better able to procure nurses at all periods of the year. They would also be able to have them for just as few or many hours as might be necessary, and the benefits of the attendance of trained nurses would be extended to the middle classes¹ who at present are denied them by their unnecessary costliness. The public would be better protected from the tired, overworked, and therefore uninteresting and uninterested nurse. The nurse would not be kept on duty by the patient in demoralizing idleness when there is really nothing for her to do. The services would be better performed, as the nurse would be able to lead a brighter, healthier, sunnier life and it would be possible for the profession to become a self-supporting and self-developing one. At present, after devoting years of work and study to acquiring the necessary skill, she finds herself with nothing to look forward to but a few short years of self-destroying labor and then sickness and poverty, or, at best, dependence upon a fund raised from overworked nurses who will shortly be in as bad a plight themselves.

¹ The class between the very rich and the very poor.

When one thinks what a powerful influence for good a woman may become in the world, and then realizes what a number of women have gone and are going into nursing, one cannot help seeing how necessary it is that chances and opportunities for developing the character of these women should not be withheld from them by the oppressive régime of their work. Work such as theirs should obtain the service of the highest development of character which cannot be while they are denied the essential needs of nature, such as rest and recreation. Surely the time has come when, seeing the advantages to be gained for humanity, we should all try to contribute towards the righting of this wrong condition. We shall thus gain not only these advantages but the reward of the ability to do better, until finally by the help of God we shall be able to help leave the world a little better than we found it.

IN HIS REPORT ON NATIONAL VITALITY, ITS WASTES AND CONSERVATION, prepared for the National Conservation Commission, Prof. Irving Fisher has again expressed his view that this country is losing thousands of lives and over one and a half billions of dollars through preventable disease.

After showing that modern science and sanitation have tended to lengthen human life at the rate of about four years a century, Professor Fisher devotes most of the remainder of his report to demonstrating how we may still continue to lengthen the span of life. . . .

How many years may we reasonably expect to add to the normal life? Professor Fisher does not answer this question fully. But, if the various preventable diseases, which now prey upon man, were reduced to a minimum, life could easily be lengthened in one generation by eight or ten years; and it is not at all presumptuous to hope that centenarians would then be comparatively common.—THE SURVEY.

WELSH LANGUAGE DEFICIENCY.—A singular difficulty has presented itself to the provisional council which has in hand the formation of a North Wales Nursing Association, the object of which is to provide and train Welsh-speaking nurses for service in the rural districts of North Wales.

It is found there are no words in the Welsh language equivalent to “nurse” and “nursing,” and it has been decided to consult Welsh philologists on the subject with the view of making good the deficiency.

SIMULATED TENDERNESS.—The *American Journal of Surgery* says: To differentiate a tender spot from a simulated pain, it will often be observed that pressure on the former causes a decided increase of pulse-rate, while in simulation it does not.

NURSING IN MISSION STATIONS



FIRST IMPRESSIONS OF CHINA

IDA M. ALBAUGH, a graduate of Wesley Hospital, Chicago, went to China last year, arriving at her station, Kiang-Yan, not far from Shanghai, in December. On her journey, a few days were spent in Japan where she saw a Buddhist temple of which she says:

“They have no service, but at any time they please the people come into the temple and going up to the altar, I suppose you would call it, in front of the image, they throw in some money and, clapping their hands to attract attention from the god, offer their prayer and leave. That is their worship, and having no set form or any instruction you can imagine how greatly superstition would form a part of their belief and faith—in what? They do not know themselves.”

As she approached Kiang-Yan she “began to see China. In the fields are to be seen coffins everywhere standing on top of the ground, for the Chinese do not bury their dead as we do, but place them on top of the ground and sometimes cover the coffin with earth.”

There are nine foreigners in the station, beside the children, and it is like one big family. “I began to study at once, and I hope I am learning, but it is very hard and looks harder and harder as I go on. Most of my time now is spent at my books and with my teacher, who is a very nice old Chinese gentleman, named Djen. Our hospital is small, having as yet only a male department, and is in charge of Dr. George C. Worth, who has one Chinese doctor, several young students, and a few orderlies to do all the work. They hold three clinics a week, seeing from fifty to one hundred patients a day with every imaginable disease. One day when I went over to see what they were doing, I asked what was the matter with a woman who sat waiting, and was told, leprosy. I felt like moving on, but curiosity held me while I asked what could be done for her. Poor woman, she was beyond help and could only be pointed to the Great Physician.

“Another day a patient came in and calmly announced that his disease was smallpox. This, in fact, is common, and when a child does not have it as soon as the parents think it ought, they inoculate it with some serum from a patient who has the disease. Just a few days ago

I crossed the Yangtse in a small boat with a baby who had been so inoculated and was then broken out.

“A few nights ago Dr. Worth was called up by a patient who had just been poisoned by eating some of a fish which they think is delicious. When prepared in a way which some of the cooks understand it is safe to eat, but it is known to be a poison fish. They call it ‘Hu Dun.’ This patient complained of a kind of numbness and could not stand or walk without support. He felt no pain and little discomfort beyond this numb sensation. On washing out his stomach, seven hours after eating, it was found to be perfectly clean, so a strong purgative was given and the heart stimulated, and by morning he was able to go home again quite well. This and match poisoning seem to be peculiar to our part of China; we hear of them nowhere else, and they are quite common with us.

“The Chinese commit suicide for peculiar reasons and in queer ways, ‘match taking’ seeming to be a favorite here. They dissolve the heads of six or eight or more boxes of matches and then drink the concoction, or else they just eat the heads. If the doctor can get them before the matches have left the stomach it is easy to save them, but when once out of the stomach the poison is soon absorbed and then the chances for recovery are very slim. The poison works slowly, however, and when the patient is brought at this stage the symptoms only can be treated, so a stimulant and cathartic are given. There being no known antidote, it gives a physician a feeling of helplessness when he washes out the stomach with no result.

“Opium is frequently used by those wishing to commit suicide and they increase its efficiency by taking it in hot wine. This is treated as at home, of course.

“We have a girls’ school in our station and recently I have been installed to look out for the sick among the students, so every morning I spend an hour holding clinics for them. Some of the diseases they bring me are very funny. One said her hair was falling out, another had a pain in her side which was so severe that I painted it with iodine, another had a pain in the corner of her eye, which I washed with boracic solution. Headaches and stomach aches were quite numerous, but after a free use of salts my clinics became somewhat smaller. One little maid said she had a constant pain in her ‘doli,’ as she called her abdomen, morning, noon, and night, and it was very severe. In China, when such is the case, it is safe to try santolin and calomel, followed by castor oil. I gave these, and the next day the little lady was absent from school, and on inquiry I found that she was complaining that the

cure was worse than the disease, saying 'I'll not tell them about it next time.' The treatment was very effective, however, and she is now without her constant 'doli tony.'

"I have found time to go to one Chinese feast, where I was fortunate enough to have a fork to eat with, and where I ate sharks' fins and sea-weed and other delectable Chinese messes. That was a very large feast and given by an official, so my first taste was very fortunate. I have since used chopsticks, and find it is not so terribly hard, and Chinese food might be a great deal worse."

INJECTIONS OF SEA WATER IN SKIN DISEASES.—Dr. Charles J. White, in the *Boston Medical and Surgical Journal*, reports fifteen cases treated with isotonic sea water, and observes that this unusual therapeutic measure produces a certain amelioration of symptoms in widely various dermatoses. This improved condition is most conspicuous in tuberculous processes, especially in tuberculous ulcers. But, as a whole, this therapeutic agent in our hands is a great disappointment, judged from the standard of Dr. Simon's results. Sea water can be injected in surprisingly large amounts, even into children, without causing much pain or other untoward symptoms. Injected into the buttocks it causes immediate desire to micturate, a continued easy and sometimes increased number of daily movements of the bowels, as a rule a slight tendency toward increase of bodily weight, and at times a distinct improvement in the well-being of the recipient.

SUTURING VESSELS OF TRANSPLANTED ORGANS.—The *New York Medical Journal*, quoting from *La Presse Médicale*, says: Pozzi reviews the work of Carrel, of the Rockefeller Institute of New York, who sutured the leg of a dog, killed shortly before, to another dog of the same size, whose leg had been amputated below the knee. The remaining tibia was united to the tibia of the leg with the help of an aluminum splint, and the muscles, nerves, and vessels of the leg were carefully sutured to the corresponding muscles, nerves, and vessels of the dog. Healing followed by first intention, the circulation was perfect, the union of the bone took place. The dog died twenty days after operation during an epidemic of bronchopneumonia. The autopsy showed that union was perfect.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK, R.N.

LETTER FROM ENGLAND.

THE wonderful congress is over, but its echoes are still heard in various directions; all the members have gone home full of enthusiasm, brimming over with fresh energy, encouraged with their own work, and twice as ready as before to meet lions in the path. Numbers of them have written back to say what a tremendous help it has been to them and how much encouraged they feel to find that their difficulties are universal difficulties and not peculiar to their own work, and how much they have taken away, both of new ideas and renewed energy.

The struggle for better education is seen to be a part of a much larger movement, namely, the movement towards better balanced economic conditions, especially as regards the work and payment for work of women, so it is not surprising that every country has tales to tell of opposition met with in demanding more thorough teaching for nurses. This is simply a phase of the demand of women for economic progress, therefore the opponents are not always the same in all countries, but are everywhere those who most feel the advantage in keeping the women down. In our country it is the physicians who derive money advantage from private schools and correspondence courses; in Holland it is chiefly the hospital directors, who fear having to increase their expenses if nurses are better educated; in Germany it is the older associations which have become accustomed to having their nurses work for them for practically nothing but board and lodging; in England—well, really, England just now is in such an extraordinary condition that it is not easy to sum up in a few words. Along with so much progress in so many lines there is an almost impregnable wall of obstinate determination on the part of men in power not to let women gain any further positions of vantage; it almost seems as if they thought they were defending their last stronghold. Certain it is, to my mind, that English nurses will not get state registration until English women gain the franchise, and many of them agree with me in this. Their problem is infinitely harder than ours. If we fail in one state we can

hope for better luck in another, but here there is but one Parliament, and so overloaded with business that there is no hope at all for any private member's bill to pass through the final stages unless the government takes it up as a government measure, or unless a member has gained one of the first six places on the register. They ballot for these places, so it is a simple gamble who will get them. Then it is not the bill, but the man, that gets the place, and if this man has a number of bills that he wants to bring in for his constituents he is not likely to give a woman's bill—even a nurse's—the preference. It may easily be seen, then, what an uphill work it is that our British sisters have undertaken. It is not so hard to get things through the Lords' because the Lords have not as much business as the Commons. I repeat, and I am willing to prophesy, that the nurses will have to gain the franchise before they can get registration.

In general, self-supporting women are in a worse position here than at home. They are not allowed as many opportunities, doors are oftener shut in their faces, and salaries are kept down more. As an English-woman said to me, "Men are willing to let women earn ten dollars a week, or even fifteen, but if more than that is in question, down come the shackles."

If this is true of educated women, the state of things is infinitely graver for those who are more distinctly of the working classes. Then, as Parliament tends more and more to social legislation, which touches women very closely, and as the proposition to forbid wage-earning at all to married women has been made in high quarters, it is easily seen that English women are in a critical, even perilous, position without the protection of political equality.

In nursing work it is quite strikingly evident what an advantage we have in living in a country where experiments are readily made and where new paths can easily be cut. We have so many more kinds of nursing work than they have here; we have developed so many more fields, in our social, tuberculosis, and teaching specialties. I rather think Germany will follow us first in the "Social-Service" development, chiefly because Germany has already so much well-organized, national preventive machinery in which the nurse can be readily introduced and because they are beginning to see officially what a valuable agent she can be. France has started the public school nurse in Paris, and England is bringing her into the open-air schools, which I hope to visit when they reopen. The "factory nurse" and "department store nurse" have not yet, I believe, appeared on the Continent.

England is still well ahead in district nursing organization and

excellence, but a dreadful plague here is the "lady bountifuls" who delight in training and controlling what they call "cottage nurses." The cottage nurses should be called "cottage helpers" and not nurses at all. They are sent to hospitals for six months' dabbling in ward work, and are then placed in country cottages to stay during an illness, like private duty nurses. Their duties, however, are chiefly domestic duties, and they ought to be honestly recognized as "mothers' helps" or scrubbers and cleaners. They are badly sweated by their noble patrons, overworked and underpaid, and, being obliged to remain in cottages where there is often no accommodation for them, their living conditions are squalid.

The associations that train these cottage helpers are among the most determined antagonists of registration, because they insist on these poor women-of-all-work being regarded as equal to nurses with a full three or four years' hospital training. Cottage helpers, as every district nurse knows, are most valuable and useful when their work is properly organized and supervised by a nurse, but they should not be placed on twenty-four hour duty nor have the responsibility of cases of illness. They should be sent by the day, or, if two are needed, one by day and one by night, and the trained district nurse should have charge of the nursing of the case as usual. This would cost more money, of course, and amateur philanthropists love to be charitable at the nurse's expense. Quite a lively contest took place at the Liverpool congress over this system.

The Reports and Proceedings of that congress are now published, cost, two shillings and nine pence (about seventy cents), post free. There is much in the volume of interest. The "Nurse in the Public Schools" is the subject of several papers, which are perhaps the most suggestive and "live" of all. Mr. Rathbone described the Liverpool experiment, where the nurse was first placed in the schools without the medical inspector. Now, since the Act of 1908 providing for medical inspection of school children, the school nursing in England seems to be in process of adjustment and much discussion. A "vexed question" is whether the school nurse's work, in school or in home, should be entirely instructional and advisory, or whether any form of treatment should be undertaken by her. Dr. Hayward, of Wimbledon, who wrote an admirable paper, showing the broadest reach and the most practical as well as wise intelligence in details, believes that in special cases treatment should be carried out by the nurse both in the school and at home, but that it should be *instructional* treatment, both to children and parents, and not mere routine. He earnestly recommends the

school nurse as a teacher of practical hygiene, and describes a most ideal co-operation between her and the physician.

Dr. Timmis's paper hints at opposition on the part of medical men to the nurse doing dressings or applying treatment, as taking work away from general practitioners, whose life is already, in small towns, hard and anxious. He fears the school nurse's day is past and she will be elbowed out. By a couple of speakers the work in the homes is spoken of as "health visiting" and Mr. John Tennant thinks it is not necessarily work for a nurse, but can be done by "health visitors." Dr. Timmis asks: "Is the nurse to be a 'school nurse,' giving actual attendance and care to the ailments of the children, or is she to be a medical inspector to visit the school and only to be permitted to recommend that children see a medical man, or is she to be a health visitor, to inspect and report on the homes and conditions of life of the children?"

Mr. Rathbone's paper says that in Liverpool at present the medical officers will not inspect children except at times of their entering and leaving school, so that the nurse will not cease to be needed.

Mme. Jacques, matron of the new Paris training school, read an animated account of the introduction of the nurse into the Paris schools. The experiment is being made by two pupils of the Salpêtrière with the co-operation of the education authorities, and is causing great satisfaction. The children call the nurses "dames de propreté!"

I have heard some spoken surmises, also, of the loss of income by medical practitioners from the wide extension of preventive work. But will not the remedy for that be that a great many physicians will also in future be appointed by the city or the state, on proper salaries, to direct the lines of prevention?

MERCURY AND SULPHUR.—The *Medical Record*, quoting from an Italian journal, says: D. Respighi finds that sulphur acts as an antidote to mercury in the intestinal canal, and when sulphur waters are being drunk it is found that the patient will tolerate a larger amount of mercury than when they are not in use, without the occurrence of mercurialism. Sulphur is not only an antidote to mercury in the intestinal canal but also to the mercury circulating in the blood. Whenever we have symptoms of mercurial poisoning in syphilis we should make use of the sulphur waters as an antidote and eliminant.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

THE COLON TUBE AND THE HIGH ENEMA.—The question of how far the soft rubber colon tube can be inserted into the bowel to administer an effective high injection is taken up in the *Journal of the American Medical Association*, by H. W. Soper, who describes experiments performed by him in which the position of the tube was verified by the X-ray. Sixty cases were examined where it was attempted to pass long blunt end soft rubber tubes, with side openings, into the rectum, the patient being in the knee-chest and side positions. The only case in which he succeeded in passing the tube above the dome of the rectum was one of Hirschsprung's disease or congenital idiopathic dilatation and hypertrophy of the colon, and even here it was necessary to use the sigmoidoscope to introduce the tube. He thinks it is only in cases of abnormal development of the sigmoid that it is possible to introduce a soft rubber tube higher than six or seven inches in the rectum. A short tube six inches in length is therefore best for all sorts of enemata when using water for fecal evacuation, and it is possible, as he has frequently demonstrated, to thoroughly cleanse the entire colon by using a large calibre (one-half inch) short tube. It is also best when retention of liquid is desired.

MOSQUITO EXTERMINATION IN NEW JERSEY.—The *New York Medical Journal* says: Professor John B. Smith, head of the New Jersey State Entomological Experiment Station, has just finished a tour of inspection of five counties where the lowlands, salt marshes, and meadows have been drained to rid them of mosquitoes, and the unanimous testimony of the residents interviewed was that the salt water mosquito had been practically eliminated. The counties which have been rid of the pest are Essex, Union, Middlesex, Monmouth, and Ocean, the most populous counties in the state. Altogether in the six years since the campaign of mosquito extermination began ten thousand acres of land have been drained, at an expense of \$5 an acre, and not only have the mosquitoes been exterminated, but the land has been rendered valuable for agricultural purposes. In carrying on the work, Professor Smith has also acquired much fresh knowledge regarding the life history of

the salt water mosquito. So successful has been the campaign, that Professor Smith now has the enthusiastic support of local associations of taxpayers in carrying on the work, though in the beginning he worked practically alone.

IMPORTANCE OF ACTIVE MUSCULAR EXERCISE IN THE RESTORATION OF FUNCTION.—The *Boston Medical and Surgical Journal* in an article by C. Hermann Bucholz says in part: The most important effect which active exercises produce is the restoration of normal joint action. Active movements are valuable, therefore, in restoring the function of joints, by their early use preventing much of the loss of function which results from long use of fixation methods. Among the internal organs the function of which may be restored, or at least improved, by gymnastics should be mentioned especially the lungs and pleuræ. The principles of such exercises are the following: strengthening the respiratory muscles to promote deep breathing, in order to force all parts of the lungs and pleuræ to take part in the function, and also to improve the circulation in the lungs; deep inspiration together with resistance movements of the trunk and upper extremities will favor the expectoration in chronic bronchitis and loosen adhesions in pleuritis. Among other diseases which are amenable to active exercise treatment may be mentioned diabetes, obesity, and constipation. In the future many conditions, in which heretofore reliance has been largely placed upon drugs, will be found to be satisfactorily amenable to treatment along the line of active muscular exercises. More lasting results may be expected from these methods, which call into action the restorative and conservative forces within the human body itself.

MAGNESIUM SULPHATE IN TETANUS.—The *Medical Record*, quoting from the *Canadian Journal of Medicine and Surgery*, says: McPhedron reports a case of tetanus in a boy of thirteen. The incubation period was seven days. For ten days chloral and morphine were given, with no improvement. On the tenth day antitetanic serum was used. The boy grew worse. On the twelfth day 2 c.c. of a 25 per cent. solution of magnesium sulphate were injected intraspinaly and 3 c.c. more the next morning. There were no further convulsions, and the boy improved steadily and recovered. McPhedron says that to date eleven cases of tetanus treated by this method of Metzler have been reported, with six recoveries.

DESTROYING FLIES.—At a meeting of the American Society of Tropical Medicine Dr. George Dock, of New Orleans, said that he had kept his laboratory free from flies by using a 10 per cent. solution of

formalin, with a little sugar added, in soup plates standing about the room. The odor could not be perceived but the flies were absolutely destroyed.

VERONAL POISONING.—Dr. John L. Eckel, writing in the *New York Medical Journal*, says: Mild cases get well without treatment. If seen early stomach lavage should be practised. Castor oil and enemata are indicated for the bowels; when necessary urinary flow must be kept up by hypodermoclysis; cardiac and respiratory failure calls for caffeine or camphor, with warm baths or cold sponges as adjuvants.

CURRENT LITERATURE OF INTEREST TO NURSES

Medical Record, July 3, "The Campaign against the House Fly," editorial; July 10, "Leprosy," L. Duncan Bulkley; July 31, "Deceit as a Therapeutic Measure;" August 14, "Eruptions after Abdominal Operations;" August 28, "Pellagra, with Report of Nine Cases," by Eugene D. Bondurant, M.D. *New York Medical Journal*, August 7, "The Action of Chloroform on the Kidneys;" August 14, "The Presence of Tubercle Bacilli in the Urine of Tuberculous Patients," Dr. E. J. G. Beardsley; August 21, "Leprosy," C. A. Penrose, M.D.; August 28, "Mind and its Relation to Heredity," Charles F. Clowe, M.D. *Johns Hopkins Hospital Bulletin*, August, "The Employment of Arrested Cases of Tuberculosis," A. M. Forster, M.D. *Maryland Medical Journal*, August, "Some New Methods for the Diagnosis of Typhoid Fever." *Journal of the American Medical Association*, July 10, "Food Intoxication in Childhood," John Ruhrah, M.D., James B. McElroy, M.D., "Boils," "Bacteria in Top Milk," editorial; July 31, "Tropical Diseases;" August 14, "Help the Mother Nurse the Child," Maurice Ostheimer, M.D.; August 21, "Aseptic Mittens," Franklin Brady, M.D.; September 4, "The General Practitioner as an Anæsthetist," Douglas C. Moriarta, M.D.; September 11, "Disposal of Sputum," William J. Manning, M.D., "Infantile Eczema," Isaac A. Abt, M.D. *The Survey*, June 19, "Bellevue's Day Camp for Tuberculosis Children;" July 24, "New York City's Model Milk Company;" August 7, "The Mother and the Baby," Wilbur C. Phillips, "Strawberries, Strawberries," Ellen L. LaMotte. *The Outlook*, August 28, "The Origin and Evolution of Mental Healing," H. Addington Bruce; September 4, "Mental Healing To-day," H. Addington Bruce. *The Century*, August, "The War upon the Great White Plague," Irving Fisher. *McClure's Magazine*, July, "What We Know about Cancer," Burton J. Hendrick. *The British Journal of Nursing*, July 17, 24, 31, August 7, 14, 21, "The International Congress of Nurses."

LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

(NOTE.—We have a number of letters which have been addressed to the editor personally, and to which we have been unable to reply because they contained no address, either of street, city or state.—EDITOR.)

FLOOR POLISH

DEAR EDITOR: I would be very grateful to any of our readers who would recommend a good receipt for floor polish, to be used on varnished floors and linoleum.

S. M. T.

HOSPITAL POLICIES

DEAR EDITOR: Is it customary or right for a nurse to be a surgeon's only assistant at a major operation, taking the place of assistant surgeon and chief nurse? Also, is it right to have a pet poodle in the wards, on the bed during surgical dressings, in and out of the operating room during preparations for operating, having in fact, free run of a hospital mostly surgical? I would be glad to have the opinion of nurses in general upon these questions.

AN INQUIRER.

FROM INDIA

DEAR EDITOR: In my last week's *British Journal of Nursing* an article, copied in part from *The Lancet*, about flies said that two drachms of formaldehyde in a pint of water would attract and kill them by the hundred. We haven't any formaldehyde here, but I found three drachms of formalin in half a pint of water killed five hundred in a few hours.

If any nurse in a hospital like this is as distressed about the flies as I was, she will gladly try this remedy. If any one knows of a cheaper and more effective fly killer, I should be most glad to hear of it.

M. NORA NEVE.

A QUESTION IN REGARD TO ST. BARNABAS GUILD

DEAR EDITOR: I, with others, would like to hear from members of St. Barnabas Guild as to any special social advantage accruing from membership. Has the society been the means of revolutionizing the social status of the profession at large? Such was the inference made by the Charleston chaplain of the Guild at a recent meeting. He concluded his remarks with the very broad statement that "ten years ago nurses were social outcasts."

Rev. Mr. Wood of St. Luke's Church did organize the Guild in this city, and many pleasant evenings have been enjoyed by the nurses, but much indignation has been expressed, and the intention of the nurses to tender their resignation to the Guild will settle the nurses' point of view as to the social benefits derived.

A FORMER MEMBER OF ST. BARNABAS GUILD.

LITERATURE FOR THE SICK AND THEIR NURSES

DEAR EDITOR: The "Letters to the Editor" of the AMERICAN JOURNAL OF NURSING have been especially interesting, as the personal letters of the trained nurse are of much help to the unfortunate patients and their families and friends.

The donation of old papers and magazines is always appreciated by hospital patients, but those who are obliged to remain where it is quiet and peaceful for many months or years are fortunate if they have a daily, weekly, or monthly paper or magazine to look forward to, to occupy the mind.

Having had some experience in the hospital corps work at home and abroad, in time of peace and war, during the past fifteen years, I can appreciate your "Editorial Comment."

The following is a list of papers I have found of much interest to invalids and nurses: Daily, *Public Ledger*, Philadelphia; *New York Herald*. Weekly, *Leslie's Illustrated Weekly*, New York. Monthly, *American Druggist*, New York; AMERICAN JOURNAL OF NURSING, Philadelphia; Alumni Report, Philadelphia; *Country Life in America*; *Ladies' Home Journal*; *The Burr McIntosh Monthly*; *The Outlook*.

Respectfully,

JOSEPH MCKEE, Ph.G.

ORANGE JUICE IN CASES OF TYPHOID

DEAR EDITOR: Some time ago I suggested orange juice as excellent in typhoid and noticed in a later JOURNAL that some nurse thought it caused hemorrhage. I do not think the hemorrhage due to juice of oranges. I have had some ten years' experience, nursing a great many typhoid cases, and have, I think without any exception, given orange juice and have seen no bad effects. On the contrary, one patient who had previously had a severe hemorrhage and whose tongue was painfully cracked and dry had no further hemorrhage after the administration of orange juice was begun, and the tongue became softer and clearer. I do not believe orange juice affects hemorrhage at all.

Some physicians recommend that the small globules be given for their effect on the bowels, as the juice is usually absorbed in the stomach before reaching the intestine.

T. MARIE MOHR, R.N.,

Lady Superintendent Mt. Vernon Hospital, Mt. Vernon, Ohio.

THE BEARING OF A NURSE IN PUBLIC

DEAR EDITOR: I have read the JOURNAL with great interest during the past six years. It first came into my hands during the last part of my training, when one of the graduates in my city who was on a case at our hospital had a copy with her. Upon my graduation one of my gifts was a year's subscription to the JOURNAL, and ever since then it has been a regular visitor. I have enjoyed every number, but during the past twenty-one months it has meant more than ever, as I have been on a large ranch, caring for two dear old souls, husband and wife, who are eighty-eight and eighty-one years of age. There are no nurses in the town, which is four miles distant, so I have kept in touch with nurses through the JOURNAL.

Many nurses have written upon many different subjects, and I now wish to

tell an experience and ask for the opinion of nurses who know more of what is going on in the larger cities.

In April I was obliged to go to the nearest city, nearly eighty miles away, to have some dentistry done. When I was returning I found a vacant seat in the coach, which happened to be across the aisle from a nurse. She did not wear an outdoor uniform, but was, to my horror, dressed in her full uniform, except her cap.

Had she worn any long coat to have covered her "stripes," I would not have thought it so shocking (although in my training school, which was in connection with a small hospital, we were taught to never appear on the streets with our aprons on), but for a coat she wore a short gray Persian lamb jacket, which she removed, thus revealing her full uniform, bishop collar, wide cuffs, apron with bib, and hospital pin.

I was shocked to see such a parade of my profession, of which I had been taught one should never make a show, but my shock turned to disgust, then to pity, when I saw this uniformed nurse buy a package of gum from the news agent. This she chewed and chewed as she read a *World-Herald*, till my jaws ached to see hers working so hard.

Have I been educated in the wrong way with regard to a nurse's out-door dress, and the way she should deport herself at all times?

I pitied that girl from the bottom of my heart, but I just could not bring myself to address her and find out "from whence she came." Perhaps it was false pride. I have ever been proud of my profession and have tried to conduct myself with dignity, and I fear I felt, as did the proud Pharisee when he said, "I thank God I am not like these."

Will some one please tell me if I am all wrong?

A TRANS-MISSOURI NURSE.

Philanthropy is primarily concerned in these days with the standard of living. It seeks to put an end to such things as overcrowding, physical exhaustion from overwork, undernourishment whether from ignorance or from insufficient income, infections and other preventable disease, and the manufacture of youthful criminals. It is sternly opposed to physical deterioration, and enthusiastically enlisted in every movement which tends to strengthen character and increase efficiency.—THE SURVEY.

Consumption among Japanese laborers is increasing to such a degree that the figures are becoming a source of anxiety to Japanese merchants and officials. A large percentage of laborers who are sent back to Japan by the Japanese charity associations are consumptives. It is claimed by the Japanese newspapers commenting on this matter that, through the lack of hospital accommodations in the Japanese labor camps, tuberculosis increases at an alarming rate. They suggest that a new system be employed in dealing with the sick in these camps, as the Japanese are quite ignorant of even the most simple health safeguards.

Homer Folks of New York City recently stated before the National Association for the Study and Prevention of Tuberculosis that there are in the United States at the present time 75,000 cases of tuberculosis in advanced stages of the disease, every one of whom should be isolated in hospitals, but there are at the present time only 5,000 hospital beds for these cases in the entire country.

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL

CONTRIBUTIONS TO THE JOURNAL PURCHASE FUND

August 31, 1909.

To cash balance on hand April 30, 1909.....	\$88.00
Minneapolis, June, 1909, general contribution.....	73.00
Five Delegates St. Luke's Hospital Alumnæ Association, Chicago.....	2.50
Miss E. M. Ellis.....	5.00
Miss Bishop	5.00
Miss Florence Thompson	10.00
Old Dominion Hospital Alumnæ Association.....	30.00
Miss E. F. Sherman.....	5.00
Graduate Nurses' Association of Texas.....	75.00
Miss Elizabeth Hanson	5.00
Miss Mary S. Gardner.....	10.00
Miss M. Helena McMillan.....	25.00
Miss Anna Davids	5.00
St. Luke's Hospital Alumnæ Association, St. Paul.....	15.00
	<hr/>
	\$363.50

ANNA DAVIDS, R.N.,
Treasurer.

SUBSCRIPTIONS TO THE NURSES' ASSOCIATED ALUMNÆ FOR THE PURCHASE OF THE AMERICAN JOURNAL OF NURSING

ALL THE SUBSCRIPTIONS pledged toward the fund for the purchase of the AMERICAN JOURNAL OF NURSING should be sent to the treasurer, Anna Davids, R.N., 128 Pacific Street, Brooklyn, N.Y. In making out checks or money orders, please make them payable to "The Nurses' Associated Alumnæ of the United States" or to the "Treasurer of The Nurses' Associated Alumnæ." Instructions should be enclosed stating what the money is for, thus saving the treasurer and the sender considerable time and trouble.

AGNES G. DEANS, Secretary.

THE CHAIRMAN OF THE PROGRAM COMMITTEE for the 1910 convention of the Nurses' Associated Alumnæ requests that suggestions for the program be sent at an early date by all affiliated societies and by every nurse interested in having a good convention to E. Baldwin Lockwood, Granby, Conn.

HOSPITAL ECONOMICS FUND

Total amount contributed for Endowment and Current Ex-		
penses to June 3, 1909.....	\$10,688.30	
Expenses, two years	1,143.62	
	<hr/>	\$9,544.68
Investments	\$8,809.17	
Balance in Corn Exchange Bank.....	735.51	
	<hr/>	9,544.68
Received:		
June 4, St. Mary's Hospital Alumnae Assn., Brooklyn, N.Y.	\$60.00	
June 21, Moses Taylor Hospital Alumnae Association.....	10.00	
June 22, American Society of Superintendents, for		
Scholarships, Hospital Economics Course.....	300.00	
July 1, W. P. Brown, interest on investment.....	100.00	
Sept. 13, Through S. H. Cabaniss, for Virginia Nurses..	7.50	
	<hr/>	477.50
		<hr/>
		\$10,022.18

ADELAIDE NUTTING, R.N.,
Director.

CHANGES IN THE NURSE CORPS OF THE UNITED STATES NAVY

APPOINTMENTS.—Disert, Nell Irene, Chester Hospital, Chester, Pa.; Hamlin, Martha, University Hospital, Baltimore, Md.; Fisher, Julia H., Massachusetts General Hospital, Boston, Mass., eight months' service in Army Corps during Spanish War; McConaha, Jessie, Illinois and Presbyterian Training Schools, Chicago, Ill.

The above nurses are all on duty at the Naval Medical School Hospital, Washington, D. C.

TRANSFERS.—Gorman, Margaret E., James, Esther Le C., from Naval Medical School Hospital, Washington, D. C., to United States Naval Hospital, Norfolk, Va., July 29, 1909.

ESTHER V. HASSON, R.N.,
Superintendent Nurse Corps, U. S. Navy.

CONFERENCE ON INFANT MORTALITY

THE AMERICAN ACADEMY OF MEDICINE will hold a conference on the prevention of infant mortality at New Haven, Conn., on November 11 and 12. Dr. Helen C. Putnam of Providence, R. I., is chairman of the executive committee. Among the members of the advisory committee are Miss Jane Addams of Hull House; Professor Irving Fisher, chairman of the Committee of One Hundred on National Health; Mrs. Philip N. Moore, president of the general federation of women's clubs; Miss Adelaide Nutting; Dr. Thomas R. Rotch of Boston; and Dr. Alice W. Tallant of the Woman's Medical College of Pennsylvania. The proceedings will be printed and may be obtained from the American Academy of Medicine, 52 North 41st Street, Easton, Pa. The prices for advance orders will be \$2.50 for paper covers, \$3.00 for cloth covers, under conditions of a large number being ordered. After the conference the prices will be increased. This will be a valuable work to be added to the libraries of training schools

or visiting nurse associations. The conference has been brought about through the conditions revealed by the work of visiting nurses, day nurseries, floating hospitals, fresh air homes, milk depots, board of health inspections, and tenement inspections.

MASSACHUSETTS

Boston.—PAULINE L. DOLLIVER severed her connection with the Massachusetts General Hospital on September 10, and has gone to her home at Holliston in this state where she will remain in perfect quiet for at least a year.

Northampton.—MARGARET P. PRIDHAM came to the Cooley-Dickenson Hospital as superintendent on June 15. She had for nearly five years been superintendent of nurses at the Jewish Hospital, Philadelphia. Mary B. Raser, who had been her assistant at the Jewish Hospital, becomes chief nurse at the Cooley-Dickenson Hospital.

Milford.—LOUISE C. MORSE, of Niagara Falls, Canada, graduate of the South Framingham Training School, assumed her duties as assistant superintendent at Milford Hospital, September 17, in place of Edith Blades who resigned to accept the position of assistant superintendent at the South Framingham Hospital.

CONNECTICUT

THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT held its regular quarterly meeting at Bridgeport Hospital September 1, Miss Wilkinson of Hartford presiding. The secretary's report was read and accepted.

Mrs. I. A. Wilcox, chairman of committee to amend the by-laws, reported on the work of the committee and submitted the amendment prepared. It was voted on motion of Miss Nutting to act on each proposed amendment separately. Each act and section of the proposed amendments was then considered and, after thorough discussion, was accepted as prepared by the committee with only a few exceptions. The principal changes made are: to combine the offices of corresponding and recording secretary in one person; to reduce initiation fee from two dollars to one dollar; to appoint a standing committee on legislative affairs, whose chairman shall be a member of the Executive Board. The committee on amending the by-laws was continued and instructed to complete amendments in accordance with vote taken. Mrs. M. J. C. Smith, New Haven, was appointed chairman of committee on legislative affairs. Invitation was received and accepted to hold the November quarterly meeting in Hartford. Miss Ahn, superintendent of the training school, entertained the twenty-six members present with a tea, given at the nurses' home. A brief session of the Executive Board was held, and on recommendation of Mrs. A. H. MacCormack, chairman of membership committee, seventeen nurses were elected to membership.

E. BALDWIN LOCKWOOD, Secretary.

New Haven.—THE CONNECTICUT TRAINING SCHOOL ALUMNÆ ASSOCIATION resumed its regular meetings on September 3, Miss Rood presiding in the absence of other officers. It was decided to consider an amendment to the by-laws at the October meeting. A vote of thanks was given Miss Julia Coonan for her interesting report of the Associated Alumnae meeting. Miss Flora Hartenstren, the president of the association, is still suffering from a protracted illness.

NEW YORK

New York.—THE NEW YORK STATE NURSES' ASSOCIATION will hold its eighth annual meeting on October 19 and 20 in the assembly hall of the tower of the Metropolitan Life Insurance Building, 24th Street and Madison Avenue. On Tuesday, the 19th, at 9 A.M., will be registration and payment of dues. On Wednesday, at 9 A.M., a meeting of state superintendents of training schools. The regular sessions of the association will be held at 10 A.M. and 2.30 P.M. on both Tuesday and Wednesday. An informal reception will be given at the Park Avenue Hotel on Tuesday evening by New York nurses. The program committee has arranged to have papers on a number of very interesting subjects. It has been most fortunate in being able to induce Miss Sarah Martin, of Baltimore, to read a paper on "Central Registries," as Miss Martin has had a wide experience with excellent results. Mrs. Kelly, of the "Consumers' League," will speak of their work and talk of the problems of the working girl. There will also be papers on the School of Philanthropy, social service, Red Cross work and modern methods of surgical and medical nursing. The committee on arrangements submits the following list of hotels and suggests that the Park Avenue Hotel might be used as headquarters for delegates and members. All rates quoted are upon the European plan:

Park Avenue Hotel, 22nd Street and 4th Avenue, single rooms, \$1.50 to \$2.00 per day; rooms with private bath are \$3.00 per day for one and \$4.00 per day for two people. Hotel Seville, Madison Avenue and Twenty-ninth Street, rooms for two people without bath, \$2.50 per day; with bath, \$3.00 per day. Hotel Martha Washington, 29 East Twenty-ninth Street (for women exclusively), single rooms, \$1.50 per day; for two persons, \$2.50 to \$3.00 per day. Hotel Manhattan, Madison Avenue and Forty-second Street, rooms, \$2.50 to \$5.00 per day. Margaret Louise Home, 14 East Sixteenth Street (Y.W.C.A.), has rooms that can be reserved in advance—single rooms, \$.60; double rooms, \$1.00. As there will be an unusual number of people in the city at that time, owing to the Hudson-Fulton celebration and many conventions which follow it, the committee suggests that arrangements for rooms be made as early as possible. It is sincerely desired that there may be a large attendance, not only of delegates but of all nurses and friends who are interested in maintaining high standards and the advancement of the profession of nursing.

GRACE KNIGHT-SCHENCK, R.N., Secretary.

TICKET OF NOMINATIONS.—President: Mrs. C. V. Twiss, R.N., New York City, graduate of New York Hospital, ex-president Alumnae Association, married member, very much interested in state work and has time to devote to it. Harriet A. Sutherland, R.N., Ithaca, graduate of Rhode Island Hospital, Providence, former superintendent of the Margaret Pillsbury Hospital, Concord, N. H., former assistant superintendent Newport Hospital. Started district nursing in connection with the Newport Hospital. Former superintendent St. Luke's Hospital, Utica, now superintendent Cornell Infirmary, Ithaca.

First Vice-president: Anna L. Alline, R.N., Albany, graduate Brooklyn Homœopathic Hospital. Former director Hospital Economics Course, now Inspector of Nurse Training Schools. Nancy E. Cadmus, R.N., Auburn, graduate Presbyterian Hospital, New York City, former superintendent of Faxon Hospital, Utica, former superintendent S. R. Smith Infirmary, Staten Island. At present disengaged.

Second Vice-president: Ida M. Root, Gloversville, graduate of the New York Hospital, former superintendent Watertown City Hospital, now superintendent Nathan Littauer Hospital, Gloversville, member Regents' Advisory Council. Frida L. Hartman, R.N., New York City, graduate Mt. Sinai Training School, former superintendent Beth Israel Hospital, New York, former head nurse Jewish Hospital, Brooklyn. Has been president for three years of the Mt. Sinai Alumnae Association, and for three years secretary of the state association.

Secretary: Grace Knight-Schenck, R.N., New York City, graduate New York Hospital, former private duty and hourly nurse in New York, now married and with time to devote to the work. Anna Baker, R.N., Holland Patent, graduate St. Luke's Training School, Utica, former head nurse Masonic Home, doing private duty nursing. Secretary of St. Luke's Alumnae Association.

Treasurer: Lina Lightbourne, R.N., graduate Brooklyn Hospital, trustee in charge Hospital of the Good Shepherd, Syracuse, member of the board of nurse examiners, present treasurer state association.

Trustee for three years: Mrs. Harvey D. Burrill, R.N., Syracuse, graduate Hospital of the Good Shepherd, Syracuse, for two years president of the state association, married member with time for the work. Ann D. Van Kirk, R.N., New York City, graduate Presbyterian Hospital, New York, former superintendent of nurses, Long Island College Hospital and of Sloane Maternity. Superintendent Mt. Sinai Training School.

Trustee for one year: Mary A. Samuel, R.N., New York City, graduate New York Hospital, superintendent of nurses, Roosevelt Hospital, director AMERICAN JOURNAL OF NURSING. Bella J. Fraser, R.N., Albany, graduate Kingston Hospital, Canada, private duty nurse, member of board of nurse examiners.

For the Board of Nurse Examiners: Lydia Anderson, R.N., New York City, graduate New York Hospital, former superintendent Sloane Maternity, former assistant superintendent at Long Island College Hospital and at Mt. Sinai, instructor of nurses at Mt. Sinai and New York training schools. Mrs. Janet B. Christie, R.N., New York City, graduate Presbyterian Hospital, New York, assistant superintendent of the same. Amy M. Hilliard, R.N., Dansville, graduate St. Luke's Hospital, New York, former supervisor operating room, Presbyterian Hospital, Chicago, former assistant superintendent Grace Hospital, Detroit, superintendent of nurses, Jackson Sanitarium, Dansville. Edna L. Boyce, R.N., Clifton Springs, graduate Clifton Springs Training School, former assistant superintendent Noble Hospital, Westfield, Mass., superintendent of nurses Clifton Springs Sanitarium.

(NOTE.—In the early days of the administration of the Nurse Practice Act, the Regents' ruling excluded from membership on the Board of Examiners women actually engaged in teaching. A change in this ruling which applies to all the professions, as well as nursing, makes it possible to nominate women holding teaching positions.)

THE RED CROSS AND THE HUDSON-FULTON CELEBRATION.—On September 6 Mrs. Charles G. Stevenson, chairman of the New York City Training School Alumnae Association Committee on Red Cross work, assisted by Irene B. Yocum and Grace Forman, gave an informal reception to the graduates of the school who are enrolled for Red Cross nursing service, at the club-rooms, 1185 Lexington Avenue. The guest of honor was Mary E. Gladwin, who was organizing the Hudson-Fulton emergency nursing service for the New York County Red Cross Committee, of which Eleanor Blodgett is acting chairman. A large number of

nurses were present, including Jane M. Pindell, superintendent of nurses. Most of them volunteered for the emergency work during the celebration and the alumnae committee was made responsible for the nursing service of one of the six army hospital tents. They have always been among the first to respond to a call for duty with the Red Cross.

A RED CROSS NURSES' MEETING was held on the evening of July 21 in Florence Nightingale Hall which was well attended. Mary E. Gladwin, R.N., presided. The speakers were Mr. B. O. Satterwhite, assistant director National Red Cross, Mrs. Charles G. Stevenson, Mrs. Fred J. Brockway, Mrs. William K. Draper, and Miss Gladwin. The New York County sub-division is taking charge of all the first-aid stations during the Hudson-Fulton celebration. There has been formed at the Mills Training School the nucleus for a relief column which, should necessity arise, would prove of inestimable value, since male nurses could be sent nearer the scene of activities than women. A leaflet has been sent out by the New York State Branch of the Red Cross appealing for protection of the use of the emblem. The following nurses have been enrolled in the Red Cross since April: *New York City*, Anna C. Maxwell, Mary E. Gladwin, Frances H. Meyer, M. Lena Muldoon, Helen L. Kerrigan, Blanche E. Eldon, Blanche A. Blackman, Maude M. McKay, Mary E. Dryer, Isabel L. Evans, Agnes E. Maynard, Bertha Hammerle, Rachel Goldgar, Jean I. Gunn, Elizabeth von M. Kob, Nora B. Phillips, Grace E. Moore, Eliza McKnight, Louise M. Marsh, Caroline W. Bell, Edith V. Gardiner, Mary Vroom, Anna L. Reutinger, A. D. Van Kirk, Lillian E. Maynard, Georgiana Maynard, Mary E. Bullocke, Jean G. Hayman, Ella F. Smart, Laura Richards, Helen G. Franklin, Teresa H. Nason, Delia M. Lamb, Magdalene E. Fisher, Sophia C. Hoover, Sophia V. Kiel, E. Maude Wallis; *Brooklyn*, Elizabeth Dewey, Kathryn L. M. King, Fannie Dennie, Jean M. Reid, Maude L. McKennie, Mary T. O'Connell; *Rochester*, Nellie C. O'N. Lindsay, Georgiana K. F. D'Olier, Rose B. Peer.

New York.—BELLEVUE TRAINING SCHOOL FOR NURSES issues its thirty-sixth annual report which, beside the usual information common to such reports, gives a description of the new nurses' residence, with illustrations, and an interesting account of the extensive affiliated and post-graduate training being given by the school. The plans for the new club-house for the Bellevue alumnae now contemplate accommodations for 112 instead of 50.

MISS K. DAUM, R.N., graduate of the German Hospital, has been appointed superintendent of the Jewish Hospital, Louisville, Ky. Miss W. Schulte, R.N., graduate of the Suydenham Hospital, has been appointed head surgical nurse in the Jewish Hospital, Louisville.

Brooklyn.—THE METHODIST EPISCOPAL HOSPITAL NURSES' ALUMNAE ASSOCIATION is publishing an alumnae quarterly called *The Seney Journal*, the first number of which appeared in June. It contains alumnae notices and reports, news of the association and of the school, and articles of interest to the graduates. It is very well edited and is interesting even to an outsider, as all the contents is presented in a clear and attractive manner. Stella K. Kenny, R.N., is at the head of the editorial staff.

THE ALUMNAE ASSOCIATION OF THE TRAINING SCHOOL OF ST. JOHN'S HOSPITAL held its annual meeting on May 13 at the hospital, a number of the members being present. A discussion arose regarding the ways and means of raising funds toward the building of the new home for the nurses in training. It was proposed that a table be established by the alumnae at the yearly Kirmis, also

at the strawberry festival, which is annually conducted in the interest of this institution, the proceeds of which are to be used for the proposed building; but that question is not yet definitely settled. Fifty dollars was voted to be given at once and was gratefully accepted by the superintendent. The work of the *alumnæ* for the past year was the getting up of a bazaar, in aid of the sick nurses' benefit fund, which was held at the Nurses' Registry. It proved to be a success, between one hundred and ninety and two hundred dollars being realized. The number of members is still small but is growing steadily.

KATHERINE COTTER AND HELEN L. BAILEY, graduates of the Kings County Hospital, sailed for Panama in July to take up work in the Ancon Hospital.

MATILDA E. DECKER, graduate of the Long Island College Hospital, has been appointed assistant superintendent of the Polyclinic Hospital, Philadelphia.

Staten Island.—**THE S. R. SMITH INFIRMARY**, which has had several changes in staff recently, loses Frances Black, who resigns as superintendent of nurses. She is succeeded by Miss Watson. Miss Hill is assistant to Dr. J. R. Stewart, superintendent of the hospital.

Saratoga Springs.—**THE HUDSON VALLEY ASSOCIATION FOR TRAINING SCHOOL PROGRESS** held its regular bimonthly meeting at the Saratoga Hospital, July 8, Miss Schulze presiding. The following topics were discussed: training-school discipline; if a nurse is suspended from a hospital, where should she spend her time? the nurse's toilet basket, its equipment and advantages; social service work and district nursing. Mrs. Alvis gave an account of the dispensary for tubercular patients recently started in Cohoes. Miss Arnold told of the district work conducted in Troy. Miss Alline spoke of the importance to all nurses of securing their degree of R.N. The honor system and self-government in training schools were also briefly discussed. Preceding the business meeting, the members were given a delightful automobile ride.

NEW JERSEY

Paterson.—**OLIVE I. RILEY**, graduate of the Paterson General Hospital, has resigned from the Riverside Hospital, New York City, and has sailed for Panama to engage in nursing under the Isthmian Canal Commission.

PENNSYLVANIA

THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA will hold its seventh annual meeting at Pittsburg on October 20, 21, and 22. The headquarters and place of meeting will be the Fort Pitt Hotel, Tenth Street and Penn Avenue. The rates are, European plan, single room, \$1.00 per day up; double rooms, \$2.00 per day up; single rooms with bath, \$2.50 per day up. Members are urged to arrive on Wednesday, the 20th, if possible, in time for the opening exercises at 10 A.M. The first business session will be held at 2 P.M.

ANNA C. NEDWILL, R.N.,
Secretary.

Philadelphia.—**THE ALUMNÆ ASSOCIATION OF THE PRESBYTERIAN HOSPITAL** has subscribed in a body for the *AMERICAN JOURNAL OF NURSING*. Philadelphia leads in this respect.

ST. AGNES' HOSPITAL held its graduating exercises in the study hall of the hospital on the evening of June 17. The diplomas were conferred by Dr. F. B.

Stahl, medical director; medals were presented by Sister Mary Borromeo, Superior of the hospital. There were eleven graduates, two of whom were Sisters. A reception and dance followed the exercises.

DISTRICT OF COLUMBIA

Washington.—THE NURSES' EXAMINING BOARD of the District of Columbia will hold examination of applicants November 3 and 4, 1909. Apply to the secretary, Katherine Douglass, R.N., 320 East Capitol Street, for particulars.

LILLIAN CARSON, graduate of the Adrien Hospital, Adrien, Pa., has been appointed operating room nurse at the Washington Asylum Hospital. Mary E. Silcott, who has been for some time in the service of the same hospital, has been promoted with an increase of salary.

GRADUATE NURSES OF THE CITY are contemplating the erection of an apartment house to be managed by nurses, financed by nurses, and occupied by nurses. A good rate of interest will be paid on the money invested and, while rents will be reasonable, the rooms and apartments will be adapted to the peculiar needs of nurses. A meeting will be called in the early autumn to organize a stock company and raise the necessary money, when any nurse who wishes to invest may have a chance to become a stock holder.

VIRGINIA

Richmond.—NAOMI A. SIMMONS has taken the position of superintendent of the Virginia Hospital, which is connected with the University College of Medicine. Miss Simmons is a graduate of the Virginia Hospital Training School and has been superintendent of the Kessler Hospital, Huntington, West Virginia.

WEST VIRGINIA

Charleston.—ANNA DAVIDS, R.N., has resigned her position as superintendent of nurses at the Charleston General Hospital.

NORTH CAROLINA

THE NORTH CAROLINA STATE NURSES' ASSOCIATION held its seventh annual meeting at Wrightsville Beach, the president, Constance E. Pfohl, R.N., of Winston-Salem, presiding. In addition to the regular routine enrollment of members, reading of reports, appointment of committees, etc., some important amendments to the by-laws regarding membership were discussed and adopted. The term of three members of the board of directors having expired, Misses Williams, of Charlotte, Dunn of Raleigh, and Pfohl of Winston-Salem were chosen to fill the vacancies. Several excellent papers were prepared and read by members of the association. Those on "Tuberculosis Work," by Miss Rugg, of Durham, and "District Nursing," by Miss Ferguson of Wilmington, aroused much interest in these subjects and were discussed at length. Miss Cowan gave notes from a case of pellagra which she had recently nursed. This was both interesting and instructive. A most interesting discussion as to the advisability of establishing a preparatory course in connection with the State Normal and Industrial College, at Greensboro, followed, and steps will be taken to perfect these arrangements as early as possible. A most enjoyable and profitable session open to the public was made possible by the kind co-operation of the Wilmington doctors and other friends. The meeting was presided over by Col. A. M. Waddell of Wil-

Wilmington. After an address of welcome by Dr. Joseph Akerman, the following papers were read: "The Relation Between the Doctor and the Nurse," by Dr. Harlee Bellamy; "Tuberculosis," by Dr. J. C. Wessels; "Pellagra," by Dr. E. J. Wood. The latter was especially interesting in view of the fact that pellagra has recently developed in the country, Dr. Wood having personally seen 100 cases. He does not believe the disease due to the eating of corn but to some malarial organism. Rev. Thos. Woe, of Wilmington, gave an instructive talk on the Emmanuel movement, dwelling at length on the Tubercular Class Work which he hopes to introduce in Wilmington. The visiting nurses were the recipients of many charming social attentions at the hands of members of the Wilmington association, including a reception at the James Walker Memorial Hospital, a steamboat trip down the Cape Fear River and a "shore dinner" at the Northrop Cottage on the beach. The next meeting will probably be held in Asheville.

At a meeting of the board of directors held in Greensboro, September 1, Constance E. Pfohl, R.N., of Winston-Salem, was re-elected president; May Williams, R.N., Davidson, second vice-president; Miss Dunn, R.N., of Raleigh, treasurer.

E. HENDERSON,
Secretary *pro tem*.

THE BOARD OF EXAMINERS OF TRAINED NURSES held its sixth annual meeting at Raleigh, June 22, 23, and 24. Thirty-five nurses passed the examination and received certificates. Two certificates were issued without examination to nurses who had graduated previous to the registration Act and whose credentials were satisfactory to the board. An entirely new board will be elected this year. The examination questions follow:

Anatomy (Dr. Jno. T. Blount, Examiner).—1. (a) Describe the formation of bone. (b) Give function of periosteum. 2. (a) What are the ossa innominata? (b) What do they form? (c) Into how many parts are they divided? (d) Name them. 3. What bones form the shoulder-joint? 4. (a) Name the muscles of the abdomen. (b) Describe the linea alba. (c) What important functions do these muscles assist in performing? 5. (a) Name the most important muscles of the chest. (b) What muscles form the convexity of the shoulder-joint. 6. (a) Give the circulation of the blood. (b) What marked difference exists in fetal life? 7. (a) Describe the stomach. (b) Name its important openings. 8. (a) Of what do the waste products of the body consist? (b) Through what main channels do they leave the body? 9. (a) Name the largest gland in the body. (b) Give its function. 10. What organs are concerned in sustaining nutrition?

Surgery (Dr. J. E. Ashcraft, Examiner).—1. Describe the aseptic preparations necessary for a laparotomy as regards the patient and the instruments. 2. Differentiate between fistula and sinus. 3. What is Colles's fracture? 4. When is an amputation of the breast indicated? 5. Describe two methods of producing local anæsthesia. 6. With what disease is gangrene frequently associated? 7. What is a dermoid cyst? 8. What symptoms indicate the need of an operation on the mastoid bone?

Physiology (Dr. J. E. Ashcraft, Examiner).—1. (a) Define secretion and excretion. (b) What organs of the body are purely excretory? 2. Describe the act of respiration. 3. What are the functions of the skin? 4. What are the muscles of mastication? 5. Describe the preparation of normal salt solution. 6. In what structures is the sense of taste located? 7. Give the average normal

temperature, the rate of pulse and of respiration in the adult. 8. State the origin and the function of bile.

Medical Nursing (Constance E. Pfohl, R.N., Examiner).—1. What complications should be guarded against when nursing a case of scarlet fever? 2. Give best method of taking a child's temperature. Best time for taking a child's pulse. 3. Describe a method of intestinal irrigation. 4. Describe lavage. 5. Describe gavage. 6. Name five different kinds of enemata, and state the purpose for which each is used. 7. What precaution should a nurse take for herself, while treating the throat of a diphtheria patient? 8. Describe briefly continued fevers, periodical fevers, and eruptive fevers. 9. Give two examples of each kind. 10. What is the generally accepted diet in fever cases?

Obstetrical Nursing (Constance E. Pfohl, R.N., Examiner).—1. Name the special organs in the pelvis. 2. Name the articles to be sterilized, for a case of labor, in a private house, and tell how you will do it. 3. Describe the preparation of the bed for labor. 4. What antiseptic precautions should be taken by the nurse, when caring for the mother? 5. Name three reasons why the new-born should be put to the breast soon after birth. 6. How would you go about checking the secretion of milk, if the child is not to nurse? 7. What is one of the greatest dangers attending child-birth, and when may this take place? 8. Name the symptoms of postpartum hemorrhage. 9. What kind of diet should the mother have during the first ten days? 10. What is "modified milk"? Give formula for the first week for the new-born.

Practical Nursing (Anna Lee de Vane, R.N., Examiner).—1. What nursing measures should you use to produce emesis, also to control it? 2. In using evaporating liniments, what is to be guarded against? 3. What simple treatment can a nurse use to relieve a sprain? 4. How would you catheterize a patient, and what dangers are to be avoided, and why should utmost aseptic precautions be used? 5. What should a nurse do to prevent bed-sores? 6. How would you give a foot bath in bed, so as to cause no exertion to patient. 7. When nourishing a patient by rectal feeding, how often should the bowels be cleansed by ordinary enema? 8. How would you give hot stupes? 9. How would you prepare hypodermoclysis, and for what is it usually given? 10. State the procedure of giving a bath in bed to reduce temperature.

Invalid Cookery (Mary L. Wyche, R.N., Examiner).—1. Give theory of cooking starches and tell where and by what digested. 2. Name the cereals that require long cooking and give approximate time. 3. Why do we toast bread? 4. What disease is usually given a carbohydrate free diet? 5. Name the heat- and energy-giving foods. 6. What do you consider an ideal diet? 7. What should be the characteristics of an invalid's diet? 8. What are some of the advantages of vegetables and fruits in our own diet? 9. Why is cow's milk more likely to disagree with infants during the summer than in cold weather? 10. Up to the present have we been benefited by the pure food laws? 11. Which contains more nourishment $\frac{1}{3}$ of beef juice or $\frac{1}{3}$ of beef tea? 12. Give a list of tissue-building foods. 13. (a) What should be the diet of a case of acute nephritis? (b) A case of eclampsia preceding or following labor? 14. Give several ways in which milk and eggs may be prepared and flavored to give variety to liquid diet. 15. State some of the advantages and disadvantages of milk, as a food for invalids.

Materia Medica (Dr. Jno. G. Blount, Examiner).—1. Name the six different avenues of introducing medication into the system. 2. (a) Describe

subnitrate bismuth. (b) Give its uses externally and internally. (c) Dose. (d) How would you recognize it in breath and stools. 3. (a) What is Fowler's solution? (b) Dose? (c) Evidence of excessive dose? (d) How would you treat acute poisoning by Fowler's solution? 4. (a) Describe the difference between emmenagogues, cholagogues and hydragogues. (b) Name two of each, and their dose. 5. (a) Describe the difference between emetics and expectorants. (b) Name two of each, and their dose. 6. Name doses of following: morphine sulphate, laudanum, paregoric, Dover's powder. 7. Name dose of the following: atropine sulphate, strychnine sulphate, aconitine sulphate, hyoscine hydrobromate. 8. Name doses of cream tartar, Rochelle salts. 9. How would you designate minims, drops, drachms, ounces, grains? 10. Name the different varieties of tonics. Examples and doses of each.

Household Hygiene (Anna Lee de Vance, Examiner).—1. What is the composition of pure air? What are the effects of expired air? 2. What constitutes good ventilation? 3. Why is deep breathing of vital importance? 4. Why is bathing so important to health? 5. How is the value of a bath determined, both hot and cold? 6. Give proper way to disinfect typhoid excreta, and what disposition should be made of it when there is no sewerage. 7. What are the beneficial effects of sunlight, and why is it so important to health? 8. Of what value is an open fire-place in a sick room? 9. How would you disinfect a room after a contagious case? 10. Give most effective way of disinfecting the sputum of tuberculosis.

OHIO

Cincinnati.—THE JEWISH HOSPITAL has appointed Agnes James, a graduate of the school, assistant superintendent. The following have been appointed staff nurses: M. L. Bovell, graduate Chester County Hospital, West Chester, Pa.; Edith G. Brown and Elizabeth Bertalette, graduates of George Washington Hospital, Washington, D. C.

MICHIGAN

Detroit.—THE NURSES' CENTRAL DIRECTORY of the Wayne County Graduate Nurses' Association issues its first annual report, showing that the directory, though a new venture, is in a good position professionally and financially. It has received 603 calls, has supported a registrar, and closes its first year with a balance in the bank. Agnes G. Deans, who has been the registrar and who has undoubtedly been largely responsible for its success, has resigned her position to take up work as a tuberculosis nurse for the Board of Health. Her successor is not as yet appointed.

WISCONSIN

Wales.—GRACE HOLMES has assumed charge of the nursing department of the Wisconsin State Tuberculosis Sanatorium.

MINNESOTA

THE MINNESOTA STATE BOARD OF EXAMINERS OF NURSES will hold an examination Friday, October 22, at St. Luke's Hospital, St. Paul, at nine A.M. All applications for examination must be in the hands of the Board of Examiners twenty days before date set for examination and may be sent to the secretary, Helen M. Wadsworth, St. Luke's Hospital, St. Paul. It is hoped that all nurses

wishing to obtain state registration will apply before this date, as after January 1, 1910, all applicants must be examined.

HELEN M. WADSWORTH, R.N.,
Secretary.

Minneapolis.—THE HENNEPIN COUNTY GRADUATE NURSES' ASSOCIATION held its annual meeting on September 8 and elected the following officers: president, Susanne Maddy; vice-presidents, Martha Fairley, Mathilde Carlson; secretary, Agnes Peterson; assisting secretary, Josephine Nelson; treasurer, Marie Nelson; registrar, Dr. M. A. Mead; members to serve on the board of directors with the officers, Edith Rommel, C. M. Raukeillour and Alma Johnson. Edith Rommel, who has been president of the association for the last four years, declined re-election, for her duties as president of the state board of nurses' examiners are too manifold to allow her time for the work. She was given a rising vote of thanks by the meeting for her faithful and efficient services. Of the annual reports which were given, the one of Dr. Mead on the work of the nurses' registry was particularly interesting. She reported that there had been 2036 calls for nurses during the year. Six hundred and four persons called for nurses during the nights and from out of town came 201 requests, all showing that the trained nurse is a much needed person in and around Minneapolis. Twice during the year the demand was so great that the registry was unable to supply nurses. One time was from December 23 to 25, and the second time was from April 10 to 12. The treasurer reported that after all expenses had been deducted the association starts its new year with a balance of \$100. This is gratifying, as the expenses have been particularly heavy owing to the Nurses' Associated Alumnae convention last May. At the meeting a change in the constitution was discussed, by which the visiting nurses in Hennepin County might be entitled to join the association for a small membership fee, but no action was taken. A social hour followed the meeting.

ILLINOIS

THE ILLINOIS STATE BOARD OF EXAMINERS will hold its second examination November 11 and 12. Applications must be received by the secretary on or before October 27.

BENA M. HENDERSON, R.N., Secretary,
79 Dearborn Street, Chicago.

Chicago.—BENA M. HENDERSON, R.N., has resigned her position with the Children's Hospital Society to become superintendent of the Children's Memorial Hospital. Miss Henderson's former position is filled by Margaret P. Little, R.N., a graduate of Farrand Training School, Detroit. The Children's Memorial Hospital has opened a training school for nursery maids.

A TUBERCULOSIS HOSPITAL for advanced cases was opened on September 15 in connection with the County Hospital.

THE ILLINOIS TRAINING SCHOOL suffers a loss in the resignation of the matron of the nurses' home, Mrs. K. M. Saunders, who has held the position for nearly twenty-five years and has, by her able management and economy, made the home a model in many ways. A farewell reception was given for Mrs. Saunders on the evening of August 13, and gifts were presented by the board of directors of the school, by the nurses, and the alumnae. Mrs. Saunders was made matron emeritus. She will make her home with a sister in Keokuk, Iowa. Miss Hay, superintendent of the school, is taking a foreign trip. Cora Kohlsaas

has also gone abroad. Grace Barnes has been appointed a head nurse. Anna Chapman has resigned as head nurse and will be succeeded by Lucy Clark. Berth Seibert has been appointed preliminary instructor. Agnes Maloney will take charge of the Clark Hospital, Elkhart, Indiana.

IOWA

Des Moines.—THE ALUMNÆ ASSOCIATION OF THE IOWA METHODIST HOSPITAL has given five hundred dollars for naming a room in the new hospital building.

NEBRASKA

Lincoln.—STATE EXAMINERS. The governor of Nebraska has appointed the following to constitute the Nebraska State Board of Nurse Examiners: president, Victoria Anderson, Methodist Episcopal Hospital, Omaha; vice-president and treasurer, Catherine Wollgast, Wesleyan Hospital, University Place; secretary, Anna E. Hardwick, Nebraska Orthopædic Hospital, Lincoln.

OKLAHOMA

THE OKLAHOMA STATE ASSOCIATION OF GRADUATE NURSES will hold its first annual convention on October 5 and 6 at Guthrie. Every member is urged to come prepared to take an active part and to help make this first meeting a success. It is hoped to have as guests Mrs. Idora Rose Scroggs, superintendent of the Illinois Training School, and Mrs. Jennie Cottle Beatty, president of the Texas State Association.

THE NURSES' EXAMINING BOARD OF OKLAHOMA was appointed by the governor on August 31 as follows: Rae L. Dessell, R.N., Mabel Garrison, and Martha Randall, R.N., of Oklahoma City; Mrs. Margaret Walters, Muskogee; Mrs. Cecilia Bogardus, El Reno; Mrs. Margie Morrison, Guthrie.

Oklahoma City.—A COUNTY ASSOCIATION was organized on June 27 at a meeting of a number of enthusiastic nurses. The president of the state society, Rae L. Dessell, R.N., presided. Officers elected for one year were: president, Elizabeth O'Donnell from Scranton, Pa.; vice-presidents, Mabel Garrison, Miss Shields, Edna Holland, all of Oklahoma City; secretary and treasurer, Rae L. Dessell, R.N., from Salem, W. Va. Regular work will begin in September.

COLORADO

Denver.—STATE BOARD MEETING. The Colorado State Board of Nurse Examiners will meet to examine applicants for registration at the state Capitol, Denver, on October 27, 28, 29, 1909. For further information address

MARY B. EYRE, Secretary,
638 Grant Street, Denver.

Pueblo.—THE REPORT OF LINA L. ROGERS, school nurse, for the period January 4 to June 11, is as follows:

Number of children examined on routine inspection, 25,247; number of children with defective vision, 862; number of children with eye diseases, 126; number of children with enlarged tonsils, 803; number of children treated in school (emergencies, etc.), 84; number of children with unclean heads, 13; number of children sent to dispensary for treatment, 40; number of visits to homes, 520; number of postal cards sent to parents, 260.

A special examination of 500 children shows the following conditions (made

by school nurse): defective vision, 416; enlarged tonsils, 192; defective teeth, 158.

Number who drink coffee 148, tea 120, beer 28; number who use tobacco, 24; number with defective breathing, 29.

Some good results from physical supervision: 29 children have had tonsils removed; 81 have had glasses fitted; 125 have had teeth filled; 784 have acquired tooth-brushes.

During her vacation, Miss Rogers has been observing work done in Los Angeles and San Francisco and has been camping in the Yosemite Valley.

Colorado Springs.—THE REGISTRY ASSOCIATION held its August meeting in Grace Church Parish House. One new member was added to the experienced list. Jessie Stewart became the president of the association on the resignation of Miss Lott, who left the city for an indefinite period. Miss Bailes was elected vice-president, and Miss Huddleston succeeds Miss Bailes on the executive committee. Miss Dobbs is chairman of the program committee. After the business meeting, Miss Moore, a visiting nurse from Orange, New Jersey, spoke on school nursing. At the September meeting, one application was received but was held over. Miss Yollmer resigned from the Registry Rules Committee and the vacancy was filled by Miss Atkinson, next on the list. Mrs. Balkam was made chairman of the committee to revise the constitution and by-laws, to choose her own associates. On account of the small attendance Dr. Magruder's lecture was postponed until October. The superintendent reported fifty-seven special and three general calls. It was voted not to give a printed list of members to the drug store which was the late headquarters of a spurious Red Cross registry. The next meeting will be held the first Wednesday in October.

TEXAS

El Paso.—A. LOUISE DIETRICH, superintendent of St. Mark's Maternity Hospital, gave a report at the last state meeting of the work being carried on among tuberculosis patients in this city. A free clinic was opened last February and a visiting nurse installed. She has found many tubercular patients who were absolutely ignorant of sanitary precautions and a number of infected children have been discovered, who have contracted the disease through living in close quarters with the sick. An appeal was made to the Texas nurses to establish, with the help of philanthropic persons, a visiting nurse centre in each city in the state.

THE BOARD OF NURSE EXAMINERS appointed by the governor is as follows: C. L. Shackford, Galveston; Maud Muller, San Antonio; Mattie Rutledge, Dallas; Sara Young, Austin; Mrs. F. M. Beaty, Ft. Worth. The Board met for organization at Austin on July 20 and appointed Mrs. Beaty as president, and Miss Shackford, secretary. It will hold its first regular meeting in Galveston, October 27 and 28. Notice of the place of meeting will be given later in the local press.

C. L. SHACKFORD, Secretary.

Galveston.—THE JOHN SEALY HOSPITAL TRAINING SCHOOL FOR NURSES held its commencement exercises May 31 in connection with the medical department of the University of Texas. There were fourteen graduates.

ANNIE L. RUTHERFORD, graduate of St. Luke's Hospital, St. Louis, Mo., who for the past two years has been operating room nurse in the John Sealy

Hospital, has been appointed superintendent of the Flagler Hospital, St. Augustine, Florida, and entered upon her duties August 15. She will be succeeded by Carrie Robelen, of the Presbyterian Hospital, Philadelphia.

UTAH

Salt Lake City.—THE GRADUATE NURSES' ASSOCIATION was perfected October 5, 1908. At present it has a membership of sixty. It is the only nurses' organization, with the exception of the *alumnæ* associations, in the state of Utah. The members meet quarterly for business, professional, and social purposes. Beyond a doubt it has proven a great success to the nurses of the city. Since January 1, 1908, the association has maintained a central graduate nurses' registry. Fifty-nine nurses registered. Mrs. W. C. Howe, superintendent of registry, office at 51 East Seventh Street, reports three hundred and twenty calls from the doctors, and public. Nurses are sent to all parts of Utah, also calls come from Idaho, Nevada, Montana, and Wyoming. The association offered services which were accepted, for first aid to the injured, during the great parade of the Forty-third National G. A. R. encampment, held in Salt Lake City last August. The members considered it an honor and great privilege to do so small a service for the brave soldiers who fought and won the nation's cause. Immediately after the parade the nurses held an informal reception at the Commercial Club in honor of the "National Association of Army Nurses." Twenty members who were able to attend their convention which was held during encampment week were present. The president of the Graduate Nurses' Association, Rose Korous, delivered the address of welcome. Mrs. Rebecca Smith, president of the National Association, responded. This was followed by short talks from other members of that honorable body. It was a pleasure to meet the dear ladies and have them relate some of their experiences while nursing the soldiers of the Civil War, many entering the service at the early age of fourteen.

WASHINGTON

THE WASHINGTON STATE BOARD OF EXAMINERS OF NURSES is composed of the following members: president, Mary Keating, 2020 Mallon Avenue, Spokane; secretary and treasurer, Mrs. A. W. Hawley, 718 East Howell Street, Seattle; Cora L. Smith, Lock Box 1043, Anacortes; Audrey Waymire, Pullman; Margaret Campbell, 1215 North Prospect Street, Tacoma.

CALIFORNIA

THE BOARD OF REGENTS has appointed the following as members of the State Board of Examiners for Nurses: Geo. F. Reinhardt, M.D., Berkeley; A. Brainard, M.D., Los Angeles; Helen Parker Criswell, D.D.S., San Francisco; Teresa E. McCarthy, San Francisco; Mrs. W. E. Downing, Vallejo; Mrs. C. D. Lockwood, Pasadena; M. A. Pepoon, San Diego.

THE STATE ASSOCIATION held its sixth annual meeting in San Diego. As none of the state officers were present, Miss Pepoon presided and Mrs. W. E. Downing acted as secretary. The papers read were: "The Five Duties of a Nurse," by Mary Ribzinski; "Woman's Part in Promoting Public Health in Our Cities," by Marie Jorgensen; "Prevention of Blindness," by Myrtle Austin; "School Nursing," two papers, by Katherine Kavenagh, and Josephine Graham; "Organized Effort," by Miss Callahan; "The Antituberculosis Organizations," by Lucy B. Fisher; "The Nurse in Literature," by Dr. Fannie Mead; "Supplies

for the Sick and Hourly Nursing," by Alma Wrigley; "The Necessity of Superintendents' Society," by Miss White; "Necessity of Ethical Relations between Training Schools," two papers, by Miss Bowman and Miss Anderson. The following officers were elected: president, Miss Beaman, San Diego; vice-presidents, Miss Fitch and Miss Rutley; secretary, Miss Shuey; treasurer, Miss Hall. A banquet was given by the San Diego nurses.

San Jose.—THE SANTA CLARA COUNTY GRADUATE NURSES' ASSOCIATION was organized in July by a number of nurses who met at the home of Theresa Erickson for the purpose. A principal object of the association will be the maintenance of a central directory which is greatly needed. On September 1, Miss Erickson assumed the position of superintendent of the San Jose General Hospital, which opened its medical and maternity departments on that date. Miss A. H. Wright is superintendent of nurses. The registry of the county association has been established at this hospital.

CANADA

Toronto.—THE TORONTO GENERAL HOSPITAL NURSES gave a pleasant entertainment for Miss Snively on the evening after her return from England. The residence was decorated without with lanterns, within with flowers, and there was an enjoyable entertainment of home talent. Miss Snively gave a little account of the congress and of the ceremony at Frogmore.

BIRTHS

ON June 25, at Chester, Pa., a daughter to Mr. and Mrs. Richard Rouse. Mrs. Rouse was Anna Butler, class of 1900, Long Island College Hospital, Brooklyn.

At St. Mark's Maternity Hospital, El Paso, Texas, a daughter to Mr. and Mrs. P. T. Fisher. Mrs. Fisher is a graduate of St. Mark's Hospital, Salt Lake City, and Mr. Fisher is a graduate of the Mills Training School, New York.

MARRIAGES

MARY L. MASTERS, class of 1905, Orange Training School for Nurses, Orange, N. J., to Ralph Barnes.

ELSIE FRIEDRICK, class of 1907, Methodist Episcopal Hospital, Brooklyn, to Frank C. Keil, M.D., of New York City.

OLIVE B. ALEXANDER, graduate of the Illinois Training School, to A. B. Smith, M.D. Dr. and Mrs. Smith will live at Woodstock, Ill.

ON August 4, at Fruitvale, California, Elsie Courrier to Louis Ernest Phillips. Mr. and Mrs. Phillips will live in Oakland.

ON June 23, in Brooklyn, N. Y., Ada P. Grant, graduate of the Long Island College Hospital, class of 1907, to Harry Hazzard Simpson.

MRS. CLARA KELLY, graduate of the Illinois Training School, to Edward C. Vanator. Mr. and Mrs. Vanator will live at Warsaw, Indiana.

ON July 12, Julia Bronis, class of 1891, Orange Training School for Nurses, Orange, N. J., to Hampton Allen. Mr. and Mrs. Allen will live in Orange.

ON March 18, at Richmond, Va., Agnes Bell Johnston, class of 1900, Virginia Hospital, to Charles Ward Eaton. Mr. and Mrs. Eaton will live in Richmond.

ON August 31, at Des Moines, Iowa, Amanda Strickland, class of 1907, Iowa Methodist Hospital, to George W. Newsome, M.D. Dr. and Mrs. Newsome will live at Indianola, Iowa.

ON June 23, in New York City, Mona M. Mann, graduate of the Long Island College Hospital, class of 1902, to William Forbes. Mr. and Mrs. Forbes will live in Ottawa, Canada.

ON June 30, Florence Hallett, class of 1907, Methodist Episcopal Hospital, Brooklyn, to William H. Areson, M.D. Dr. and Mrs. Areson will live at 153 Bellevue Avenue, Upper Montclair, N. J.

ON June 5, at Immaculate Conception Church, Washington, D.C., M. Louise Potter, class of 1908, Capitol City School of Nursing, to Laurence M. Drennan, M.D. Dr. and Mrs. Drennan will live in Panama.

ON June 19, in Jersey City, Rose Barron, class of 1900, Long Island College Hospital, Brooklyn, to Edward James Irvine. Mr. and Mrs. Irvine will make their home in New York City. Mrs. Irvine has done nursing in the Philippines and just previous to her marriage was superintendent of the Infants' Hospital in Brooklyn.

ON August 19, at Pueblo, Colorado, at the residence of Dr. William F. Rich, Elizabeth Campbell Gordon, graduate of the Toronto General Hospital, to Edward Archbold Jones. Mrs. Jones has held the position of superintendent at the General Hospital, Belleville, Ontario, the General Hospital, Kingston, and the Pueblo Hospital, Pueblo. Mr. and Mrs. Jones will live at 717 West Fifteenth Street, Pueblo.

DEATHS

ON June 6, at Kennethcook, Hants County, Nova Scotia, Jennie Dawson, class of 1898, Carney Hospital, Boston.

ON July 21, at Cleveland, Ohio, Bertha Hoenig, graduate of the Huron Road Hospital. Miss Hoenig was an efficient, conscientious worker in whatever she undertook to do.

ALICE PROUT, a graduate of the Western Pennsylvania Hospital Training School and a member of the alumnae association, has recently died and her loss is mourned by her former associates.

ON August 17, Julia Agnes Turner, class of 1898, South Side Hospital, Pittsburg. Miss Turner was an excellent nurse. She was loved and admired by all who knew her, and will be greatly missed by her sister nurses.

ON July 22, at Boston, Caroline L. Beedle, class of 1891, Massachusetts General Hospital. Miss Beedle was known to many of the nurses and will be deeply regretted. She was among those instrumental in organizing the Boston Nurses' Club and was for eight years its treasurer. The last weeks of her life were spent at the Massachusetts General Hospital where she bore an illness, knowing it to be fatal, with great cheerfulness and fortitude.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

700 SURGICAL SUGGESTIONS. By Walter M. Brickner, M.D., Eli Moschowitz, M.D., and Harold Hays, M.D. Third Edition, price \$1.00, \$2.00. Surgery Publishing Company, 92 William St., New York.

The third edition of this very popular little volume, which is published and edited by the editorial staff of the *American Journal of Surgery*, comes to us much enlarged and yet maintaining its characteristics of terse brevity and wide-spread comment on things of vital importance in surgery. Here are just the points that the practising surgeon, feeling himself growing rusty, comes back to college to pick up in post-graduate clinics. Notwithstanding the extremely practical character of the book it retains its attractive exterior, appearing in its original scarlet and gold cover, and beautiful cream-toned paper.

SCIENTIFIC NUTRITION SIMPLIFIED. By Goodwin Brown, A.M. Frederick A. Stokes Co., New York.

Here we have the result of certain experiments tried and proven by the author to test the principles of nutrition as advanced by Fletcher, Chittenden, and Irving Fisher. As an incentive to others who may be fellow sufferers he relates how he found himself at the age of fifty-four "going painfully down the wrong side of the hill of life, and giving up one by one all the pleasures that had made living attractive to him." "He had lost his power to work, his enjoyment of social pleasures, and all his interest in intellectual pursuits. He suffered intense pain, which he took to be muscular rheumatism, and at times from a mild form of aphasia." "His one object was to get done his work as rapidly as possible and go to bed." How he emerged from this moribund condition and took on a new lease of life, how he regained his zest for pleasure, his interest in intellectual pursuits, his enjoyment of work, are told in a brief for the benefit of his fellows. From the long list of acknowledgments he makes to other writers one feels assured that he has the highest authority of noted scientists to add to his personal experience. Inci-

dentally we may note that for those who wish to follow in the way Professor Brown points out it is free to all; there are no expenses attached, indeed quite the contrary, as it leads to a simple and economical way of living as well as a sane and healthy one.

HUMAN PHYSIOLOGY. An Elementary Text-Book of Anatomy and Physiology and Hygiene. By John W. Ritchie, Professor of Biology, College of William and Mary, Virginia. List price, 80 cents; mailing price, 96 cents. World Book Company, Caspar Hodgson, Manager, Yonkers-on-Hudson, N. Y.

Following in line with the popular idea of the education of the laity in matters pertaining to health and hygiene, started or at least adopted by the tuberculosis campaign, comes this little book which is intended for the schools and for the general reader. It is all that its author, in the preface, claims that an elementary text-book in physiology should be, viz.: "A balanced text, containing sufficient anatomy to make clear the broader outlines of the structure of the human body, enough physiology to make plain the great laws according to which the body lives, and a full discussion of how a violation of these laws may be avoided."

Following out this idea, after the anatomy of the body the book takes up foods and energy before beginning with the digestive organs and the processes of digestion, absorption, and oxidation of foods; and before going on to the circulation takes up dietetics. After making clear the function of the lungs and the process of respiration we are given ventilation; after the skin comes bathing; after the nervous system the special hygiene of the nervous system. Here the author speaks with no uncertain sound, stating with great clearness the proven facts concerning some of the commonest abuses of hygiene of the nervous system. He shows how the use of alcohol, for instance, lowers the power of the body to resist disease germs, and summing up says: "Overwork, hunger, exposure to cold, wet feet, insufficient sleep, bad ventilation, bad food, lack of exercise, alcohol—all of these things injure the body and lower its germicidal power. It is a duty that every one owes to himself to keep his body in good condition, and to fail to do so is no more sensible than it would be for a garrison in a hostile country to go to sleep with the gates of the fortress open."

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EDITORIAL COMMENT



REPORT OF THE COMMITTEE ON TRAINING SCHOOLS OF THE AMERICAN HOSPITAL ASSOCIATION

WE did not hear the discussion on the report of the committee on nursing at the meeting of the American Hospital Association in Washington last month, but from conversation with several nurse superintendents who were there we gather that the report, taken as a whole, was very kindly received and unanimously endorsed. There was no really adverse criticism of any part of it, and the recommendation for the training of a cheaper grade of nurses for the great middle class was referred to a committee which will continue the work commenced this year and report at the next meeting.

We understand that this report is printed for very free distribution among those interested in it, and any of our readers who have not received a copy may obtain one by writing to the secretary, Dr. W. L. Babcock, Grace Hospital, Detroit, Mich. For this reason we are not printing the report in full, but give the recommendations in part and omit the syllabus.

CLASSIFICATION OF HOSPITALS

- (1) Isolated small hospitals.
- (2) Small hospitals, near to, or in affiliation with large general hospitals.
- (3) Special hospitals, including eye and ear, skin and cancer, children's and infants', lying-in, tuberculosis, orthopædic hospitals, etc.; sanatoria for nervous and mental diseases, hospitals for contagious diseases; hospitals for the insane, and hospitals for incurables.
- (4) Large general hospitals.

It is the sense of the committee that hospitals of less than twenty-five beds, which cannot affiliate or maintain some association with larger institutions, on account of their isolation or financial condition, should not attempt to maintain training schools for the training of nurses.

The following general recommendations, to cover all classes of hospitals, were adopted by the committee:

- (1) That a probationary term of not less than three months be maintained.
- (2) That probationers be admitted in classes, at regular intervals, preferably twice yearly.
- (3) That a preliminary course of study, of not less than three months' duration, be given to each class, such course to include practical demonstrations of general nursing methods.
- (4) That at least two weeks of the preliminary course be given before allowing pupils to assume any nursing responsibility.
- (5) That pupil nurses should not be called upon to give more than sixty-three hours per week to their work, including class hours and exclusive of time off duty. Emergency work out of hours, or overtime work, should be repaid pupils as soon as possible. All time lost by illness of pupils should be made up at the end of the course.
- (6) That all hospitals which cannot give one of the courses hereinafter outlined, in its entirety, should seek affiliation with other hospitals in the subjects not covered by the class of patients under treatment.
- (7) That paid medical instructors should be employed by all hospitals that can afford to employ them. The committee has ascertained that a few hundred dollars per year will furnish competent paid instructors for the work. Where paid instructors cannot be maintained, arrangements should be made to have the lectures and strictly medical teaching of the school presented by two or three medical men, rather than by a larger number of physicians.
- (8) That a vacation of at least two weeks per year, for the two years three months' course, and three weeks per year for the three years' course be allowed all pupils during the summer months.
- (9) That all hospitals maintaining training schools of any character, including hospitals for the insane, employ a graduate nurse as superintendent of nurses.
- (10) That no hospital should attempt to maintain a training school for nurses if it cannot meet the requirements of the two years three months' minimum course, or arrange affiliations with other hospitals that will provide full equivalents.
- (11) That training schools should not be maintained in small hospitals, without at least two paid resident instructors being provided for the teaching of nurses, one of whom must necessarily be superintendent of the hospital and principal of the training school. That all hospitals, irrespective of size, have a graduate nurse as night supervisor. This number should be considered the absolute minimum, irrespective of the size of the school.
- (12) That many large general hospitals can advantageously establish a course of six or nine months in hospital economics, administration and institutional nursing. This recommendation is made in response to the great demand for nurses trained in hospital or institutional work, to fill positions in training schools or other hospital departments.

QUALIFICATIONS FOR ADMISSION AS A PROBATIONER TO THE
PRELIMINARY COURSE

- (1) Age, 21 to 35 years.
- (2) Height and weight, average.
- (3) Physical health, sight and hearing should be normal.
- (4) Physical examination should be given candidates before final acceptance to the school, by a physician appointed by the training-school committee or hospital.
- (5) Proof of recent vaccination, or vaccination at time of entering the school.
- (6) Presentation of certificate, giving evidence of one year in a high school or its *equivalent*. *Equivalent* may be defined as:
 - (a) Additional educational qualifications.
 - (b) Evidence of further mental training, such as courses in business college, stenography, art, music, etc.
 - (c) Exceptional personal fitness, combined with desirable home training.

It is not expected that any one or all of the above suggested qualifications be accepted in lieu of a common school education. It is suggested that occasional candidates may have qualifications or attributes which might be considered equivalent to the first year of high school duty.

An application blank, covering the above necessary qualifications and several other questions that will occur to the principal, should be devised. It is recommended that a form similar to Appendix A be used for a physician's statement. It may be incorporated as a part of the application blank. Even though the physician's statement be satisfactory, a physical examination should be made by a physician appointed by the training-school committee or the hospital at the time of admission to the preliminary course.

ISOLATED SMALL HOSPITALS

The committee recognizes that the training-school problem in the isolated small hospital, of from twenty-five to seventy-five beds, is a problem apart from the training-school situation in larger institutions. Numerically, this is the largest division of hospitals in the classification. Hospitals of this size are scattered throughout the entire country. They are most common in the middle west, south and far west, and are less stable in organization than older and larger institutions. They may be municipal, county, private or semi-private in their management, or, as is frequently the case, organized by village or corporate associations. The professional work and medical departments of these hospitals are usually more or less circumscribed in variety and limited to general medicine, general surgery, and gynæcology. A moderate number of these hospitals have small obstetrical departments, and a still smaller number have a children's department. Few of the smaller institutions have a contagious department. Many of these hospitals have demonstrated the possibility of maintaining training schools that compare favorably with schools in larger institutions. Properly managed training schools in these institutions are recognized as capable of turning out graduates well qualified for general medical and surgical nursing in private families. Many factors entering into the situation of these schools lead the committee to recommend

a two years three months' course, of which three months shall constitute a definite preliminary course of study.

The term of school training should be not less than thirty-eight weeks per year for the two years three months' minimum course hereinafter outlined.

PRELIMINARY COURSES

The preliminary schedule as outlined can be used for the two years three months' course in the smaller hospital, or the complete three years' course in the large general hospital. The teaching of these subjects in the preliminary course must of necessity be more or less elementary. It is recommended that the study of the subjects outlined be attempted in a systematic manner. It is not expected that they will be completed during the three months of preliminary training. This course should be amplified and continued throughout the junior year, in association with subjects hereinafter outlined for the first year. This course has been constructed with the hope that it will provide the groundwork of the subsequent practical career of the pupil nurse in the school and in the hospital.

It is recommended that, as the facilities and needs of different hospitals vary, several of the above subjects be amplified and others added to suit local requirements. Not less than forty-two hours during the second year should be devoted to the practical teaching of the above subjects. It is recommended that continued and special attention be given, throughout the second year, to dietetics, hygiene and the management of special diseases. It will occasionally occur that patients suffering from some special disease, epidemic, or infection may be brought into the hospital. If possible, they should be made the occasion of special clinics and demonstrations.

The above outline of the two years three months' course should constitute the minimum teaching course in the isolated small hospital. Hospitals that cannot give this schedule in its entirety should arrange affiliations with larger hospitals.

The curriculum in its general outline is similar to that issued by the Education Department of New York State. In some particulars standards are not quite so high, but it must be remembered that this is a recommendation to the training schools of the whole country and not exclusively to those of the few advanced states. We infer that the facilities and limitations of the smaller hospitals of the great middle west and south have had much influence with the committee, and we are sure the results will be most helpful to institutions of that class everywhere. We do not anticipate that state boards or schools that have already attained higher standards are going to lower them; the trend of education is always upward.

It had been hoped that higher admission qualifications might be deemed advisable by the committee, but, out of consideration for the schools that find it difficult to secure enough pupils, it was thought

best not to recommend more than the one year in the high school or its equivalent, and the term equivalent is defined, which is a step in advance. Among the points reported as brought out in the discussion were that hospitals should no longer be considered only as places for the care of the sick, but that they must be looked on also as great educational centres for the dissemination of knowledge of prophylaxis and right methods of living, and for the training of nurses and physicians who should be equipped there to meet the growing demands for teachers along these lines; that the educational obligations of the large general hospitals are greater because of their broader facilities, and that, consequently, it is just that their term of service for nurse training should be longer than in the smaller schools. The practice of maintaining training schools in small private hospitals for commercial purposes was condemned. The statement was made by one proprietor of a private hospital that he had proved by actual experience that such hospitals could employ graduates at forty to forty-five dollars a month and still yield a reasonable revenue.

The action of the American Hospital Association confirms again the assertion which we have repeatedly made in these pages, that in all the efforts that nurses have made for the betterment of nursing standards or conditions they have always had and will continue to have the support of physicians of the highest grade and the citizens of the greatest intelligence in every community.

FOR THE WINTER PROGRAM

As a result of the meetings of the summer, there are certain subjects and lines of work which seem specially appropriate for the consideration of the local associations during the coming winter. Our organizations are now getting into the full swing of the winter activities and we give briefly a summing up of such subjects as seem in our judgment of most vital importance.

THE RED CROSS

At the Minneapolis meeting, as has already been stated, one of the most important and interesting reports was submitted by Mrs. Robb, as chairman of the Committee on Red Cross Work, representing both the Superintendents' Society and the Associated Alumnae, in which she went minutely into the detail of meetings held and plans submitted to the National Red Cross officers in Washington.

The Red Cross did not accept as a whole the plan submitted by Mrs. Robb and her committee, but sent to the Associated Alumnae a plan

which was based upon the suggestions made by the committee, which reads as follows:

"The War Relief Board, at a meeting held May 7, 1909, took under consideration the placing of the Red Cross Nursing Department under a special subcommittee. To provide for the committee the following resolution was passed:

"*Resolved*, That the subcommittee on Red Cross Nursing Service shall consist of a chairman and fourteen other members; five to constitute a quorum; the chairman and five members to be members of the War Relief Board, to be appointed by the chairman of the Board; six members to be appointed by the chairman of the Board from a list of trained nurses submitted by the Nurses' Federation, and three persons to be appointed by the chairman on recommendation of the Board.

"The present plan for such a committee is to have the chairman and two other members of the Board selected from the trained nurse members of the Board. Of the three members of the Board, one should be a surgeon of the army, one a surgeon of the navy, and the third some other member of the Board. The three persons selected from outside the Board and the list of nurses should be persons specially fitted for membership on this Board.

"This will give a membership of nine trained nurses on the committee of fifteen."

This resolution from the Red Cross War Relief Board was unanimously adopted by the Associated Alumnae after a very thorough discussion of the whole Red Cross situation, and the committee was re-elected with instructions to work out the detail of such affiliation with the War Relief Board. The action of the Associated Alumnae brings the nurses of this country into distinct official relationship with the War Relief Board, and gives to them a very influential place in the administration of the strictly nursing side of the work of the National Red Cross. It is an opportunity which has never been ours and one which must receive the most intelligent co-operation from all the affiliated societies in order to prove our worthiness of the confidence which has been shown us.

We would therefore suggest that early in the year every affiliated association should have a Red Cross program. The history of the Red Cross, from its inception down to the present time, can be studied and the conditions for enrollment in the Red Cross can be made familiar to all the members. This will put the nursing profession in a position to act intelligently and without loss of time when the plans of the committee are perfected and reported.

There are persons connected with every Red Cross state society

specially qualified to speak on this subject who could be secured by writing to the secretaries of the state branches, or literature covering the whole ground, from which interesting papers can be prepared, can be secured from the national secretary in Washington, Charles L. Magee, and an able member could work up a synopsis which would make a groundwork for discussion.

All over the civilized world nations are concerning themselves with methods for prevention of disease and alleviation of suffering. Governments recognize the Red Cross as the legitimate means through which aid may be secured in time of national calamity of any kind. Race, creed, and color lines are obliterated in this work, in which nursing care in time of pestilence, war, and disaster is one of the most important features. The obligation of nurses to do their part and to take their proper place in this great work is part of the professional duty which comes as a result of education and nursing progress.

MORAL PROPHYLAXIS

The Public Health Committee of the Associated Alumnae, of which Mrs. Colvin, of St. Paul, is chairman, was enlarged at the last convention and includes as members Miss Ahrens, Mrs. Hartridge, Mrs. Lockwood, Mrs. Pottenger, Miss Dock, and Dr. Hedger. The program for work agreed upon, found upon page 990 of the September JOURNAL, is as follows:

1. Report on progress of legislation and enforcement of existing laws, prevention of prostitution, and limiting the spread of venereal disease.

2. Examine and recommend literature for nurses: (a) Professional as to extent and dangers of venereal disease; (b) methods of instructing mothers and children.

3. To recommend for training schools courses in prevention of venereal diseases.

4. To further in state societies and alumnae associations the formation of similar committees.

We suggest that in working along these lines nurses take up the needs most in evidence in their own locality, working with other associations when possible.

We emphasize the need of better teaching of nurses in training on these subjects, and suggest that alumnae associations should make the request of Boards of Managers that instruction be given along these lines if they find on investigation that it is not being done, and that lecturers be secured for their own meetings competent to present the advanced thought on the subject.

The session on Morality in Relation to Health of the International Congress of Nursing, reported in the *British Journal of Nursing* for August 28, contains the most complete reports and soul-stirring information of social evils that we have seen of late, and would make the basis of a splendid series of meetings for our nursing organizations to follow.

The tendency seems to be to place the teaching of mothers and children in the hands of women physicians and nurses, and we think we are somewhat in danger of having opportunities in advance of our ability to meet them, as at the present time most nurses are not sufficiently interested or instructed in these things for their own good, much less to teach others.

One of our readers, who was unable to attend the Minneapolis meetings, but who was greatly interested in the reports of them, has written us her experience in the teaching of children, from which we quote.

"Each child must be approached in an individual way just as it develops naturally. Its first question should be answered truthfully, so that nothing will be left as a mystery; the curiosity satisfied but, absolutely, no more information given than is needed to satisfy it. The question thus gradually works itself out naturally, unconsciously to the child, without undue attention being attracted to the subject; and one never has to go back on one's previous word.

"For instance, I know one small boy who, at three, asked where the expected and promised baby was to come from. The mother told him: 'The little German children play that the stork brings them. Of course he don't, but we will play that way!' The child was perfectly satisfied, and talked contentedly about it, explaining that it was a game. At five he asked more questions, and each one was answered truthfully, but with just enough truth to satisfy; and by ten he had the information he wanted in such form that he cannot tell how or when he received it; and is always ready to bring a new problem, since he will be answered satisfactorily.

"I have a family in mind, in which the boy of fifteen had been instructed by his father, and a more natural, manly, and clean-minded child I never knew. The girl of seven was not 'old enough'—and was morbidly curious. She came to me to know 'just where babies came from.' I said: 'I wish I could tell you all about it; if you were my little girl I would—but mother does not think you are old enough; when you are older she will tell you.' She was not satisfied, and listened morbidly for every word dropped in her hearing."

This writer also lays stress on the importance of a clean moral atmos-

phere for nurses and doctors in their hospital work, and cites instances of the change from an impure attitude of mind to one that was upright under the influence of different superintendents.

CARE OF THE MIDDLE CLASS

We want to urge every organization of nurses to include this subject in its winter's program, to thrash the subject out thoroughly, to look at it from every standpoint which has been presented, and come to a definite conclusion as to whether nurses are in any degree responsible for this work or whether they are willing to leave this question to other groups of people to settle, simply being used as tools, as their services are demanded. It is of all nursing problems the most vital, and the time is now for nurses to put themselves on record as recognizing it as a professional obligation to render service to every kind of human being requiring nursing care. When the Associated Alumnae meets next year, every affiliated society should be able to instruct its delegates definitely in regard to this question.

What will be the result if a less well-educated and shorter term class of nurses is put into the field, who cannot be prevented from charging regular nurses' rates wherever opportunity offers? Will not such a plan react upon hospitals as well as upon graduates? Have we not as a profession an obligation to care for all classes of people needing nursing care?

FURTHER STUDY OF TUBERCULOSIS PROBLEMS

It would seem, after all that has been said and written on the tuberculosis question, that the intelligent members of society would be informed of the fact that tuberculosis is contagious, that it is disseminated through carelessness in disposal of the sputum and the infection of buildings, and yet within a few days, in conversing with an influential school teacher, great surprise was expressed when we referred to the danger of moving into a house which had been occupied by a tuberculosis patient unless it had been disinfected.

This crusade is only in its infancy and no season should pass without this subject being given special study at at least one society meeting. It would be well to have a summing up from season to season of the different lines of development, scientific discoveries, methods of procedure, etc.

JOURNAL PURCHASE

One delegate's report of the Associated Alumnae meeting which we have seen shows a misconception of the purpose of the JOURNAL

Purchase Fund which may be shared by others. The purpose of the Associated Alumnæ in taking over the JOURNAL stock is not to get "the controlling vote." The Associated Alumnæ practically possesses the controlling vote now, having over thirty shares out of the one hundred, and many shares being unrepresented by votes at the stockholders' meeting each year, but this is not its aim. It wishes now to assume the business and legal obligations which have been carried for it for nine years by the small group of stockholders, and to bear its own burdens, not to dictate the policy of the JOURNAL while allowing others to do its work.

The establishment of the JOURNAL was the first serious undertaking of the Associated Alumnæ, and its promise to pay back the money which was practically lent to it by the stockholders is unfulfilled until this is done.

Miss Davids' report each month will show how encouragingly the funds are coming in and it will rest with each association this year to raise its share of the Purchase Fund, and also to help increase the subscriptions to the magazine from its own membership. If each member of each society belonging to the Associated Alumnæ would subscribe to the JOURNAL, there would be no need of appealing for special funds to carry it on in the future.

INSURANCE FOR NURSES

In order to substantiate the correctness of the statement of "the obviously growing urgency of nurses as a class making some definite provision for the future," the chairman of the Committee on Insurance, reappointed by the Associated Alumnæ at its Minneapolis meeting, asks the affiliated societies kindly to bring the subject up for discussion in one of their meetings during the winter, and report to the committee in substance their deliberations.

The points that will be of assistance are, the majority in favor of: (1) commercial insurance; (2) fraternal insurance; (3) annuity, life, or (4) annuity and life insurance or any other point that seems important.

Reports should be sent to Miss M. E. P. Davis, care the editorial office of the JOURNAL.

CONFERENCE ON INFANT MORTALITY.

THE advance program of this conference, which, as announced last month, will be held in New Haven November 11 and 12, is in our hands and promises to be of value. Well-known speakers are expected, such

as Dr. J. P. Crozier Griffith, Dr. Richard C. Cabot, Dr. Woods Hutchinson, Dr. Henry I. Bowditch, Dr. Charles P. Putnam, Dr. Caroline Hedger, and Miss Wald. As an example of the program, one session, that on philanthropic prevention, will be presided over by Edward T. Devine, who gives the address at its opening, and is followed by: "The Relation of Race to Infant Mortality," Dr. Richard C. Cabot; "The Economic Losses Entailed by Infant Mortality," Prof. James W. Glover; "A Program for the Reduction of Infant Mortality in New York City," Mr. Robert W. Bruere; "Educational Responsibilities of a Milk Depot," Dr. Ira S. Wile; "The Responsibility of General Relief Agencies," Mr. Sherman C. Kingsley; "The Effect of Philanthropic Experiments in Increasing and Reducing Infant Mortality," Dr. Woods Hutchinson.

There will be four public sessions and a dinner.

THE DOCTOR AND THE PEOPLE

AT the meeting of the Pennsylvania State Medical Society, the president, Dr. George W. Wagoner, in his address commented on the lack of harmony between the public and the medical profession. He ascribed the misunderstanding and antagonism which exist to three causes: ignorance on the part of the people of the real motives of the disinterested physician; superstition, which corrupts the mental processes of multitudes of people; and incompetence on the part of many physicians. He made a plea for a greater spirit of helpfulness to the patient, greater regard for his comfort. An address given by Rev. Floyd W. Tomkins, D.D., on "Sanitary Science and the Social Evil," at the same meeting, began with the statement that this evil is growing so tremendous that a man fulfils his duty neither to God nor to man if he fails to do his part in fighting it. He made a plea for better education of young people in regard to the structure of their own bodies and the possibilities of disease, and urged the doctors to use their influence in furthering such education, in giving public addresses so that people would become enlightened, and in prohibiting the marriage of diseased persons.

THE TEACHING OF DIETETICS

WE feel sure that the whole nursing fraternity will endorse Miss Pope's defence of the diet teacher. There are a number of sides to this question. In the majority of cases, the superintendent is powerless to improve conditions. In some few instances she might do more for her pupils along these lines if she were sufficiently interested to present the subject to her board as forcibly as is needed.

One difficulty which boards of examiners have had to contend with from the first is in not knowing the conditions existing in the hospitals. This has made it exceedingly difficult to adjust the questions to the capacity of the students, and shows how necessary it is that at least a majority of the examiners should be from the teaching ranks, that the examinations may be just to the students in the schools.

Unquestionably the teaching of dietetics is receiving much more attention than it was before the subject was required by the state boards. We begin to see the way for a more practical adjustment of teaching in our training schools, less of minute anatomy, more of practical physiology, of hygiene, prophylaxis, dietetics, and kindred subjects. We have to remember that in the first decade of our schools there has been no general standard. Each school has been a law unto itself and has given such training as the institution afforded or the superintendent's ability permitted. If state registration should accomplish nothing more, it has at least brought about a readjustment in the methods of teaching and training, which has already reacted for the better service to the sick and insane in hospitals and homes.

NURSING IN THE PHILIPPINES

THE article on nursing in the Philippines is one which was written for the International Congress, a duplicate being sent to us for publication also. With this article were twenty-three illustrations which were part of the nursing exhibit at the Congress, all most beautiful and interesting. We reproduce four, and are sorry we cannot give space to all.

The progress made in the Philippine nursing service, the number of hospitals, and the opportunities for varied work will no doubt surprise many of our readers who had only a vague idea that there were several army hospitals and perhaps one or two mission hospitals. It is interesting to note that the establishment of the training school which Miss McCalmont describes has been on the highest plane which we have reached here, instead of beginning, as is often the case in new ventures, on the crude lines of forty years ago.

There is need for nurses to forward the work there. We are assured that the climate and conditions of living are quite endurable, and we hope Miss McCalmont's appeal will result in an overflow of nurses from this land to that, not of those who can find nothing to do here, but of our very best.

PRESERVATION OF THE GRADUATING ADDRESS

WE have a great many requests from training schools to publish the addresses given before their graduating classes. These addresses are, as a general thing, interesting to this one group of people and we are quite in sympathy with their desire to see them in print; but if we were to give space to all such papers as are sent to us we would not have room for anything else, and our JOURNAL would become a medical journal of nursing instead of a nursing journal of nursing.

We have had several such addresses sent us recently that have been published by the training school in the form of a small pamphlet, with a pretty cover having the name of the speaker, the date of graduation, etc. Where the names of the graduates are added, it makes a most attractive souvenir for the pupils to possess or to send to their friends, and we make the suggestion to all training schools that wish to make a record of the graduation to adopt this plan.

PINS FOR REGISTERED NURSES

WE have received a letter from one of our western readers which tells of a scheme which is being started, said to emanate from two San Francisco lawyers, for the sale of a pin for registered nurses, it being stated by the agents acting for them that the profits are to be sent to the national association of nurses.

We know of no association, national or otherwise, authorizing such a pin and would warn our readers to beware of being drawn into a scheme of this kind. We are also informed that this scheme has been concocted since the convention at Minneapolis.

OPEN-AIR SCHOOLS

IT is interesting to note the growth in numbers of the open-air schools for tubercular children. New York has been maintaining one in connection with the ferry boat camp and has now increased the number. Boston has had one for a year and a half. Chicago started one last summer which has been so encouraging in its results that it is hoped to continue it through the winter. Rochester has recently opened one in connection with the day camp which opens with twenty pupils, and in these last two cities, at least, the teacher is supplied by the Board of Education.

NEW BOOKS

LAVINIA L. DOCK, R.N., is preparing a manual for nurses on venereal diseases, which will give them the main facts of these diseases, not only

from the medical aspect, but from the moral, social, and legal, as well, and the history of legislation on the subject.

YNABELLA WATERS' book, "Visiting Nursing in the United States," which has been in course of preparation for a year or two, will be ready early in November. It will be published by the Charities Publication Committee, 105 East Twenty-second Street, New York. Some trouble has been caused would-be purchasers of the book because the address of the publishers was incorrectly announced at the Associated Alumnae meeting and in the Proceedings.

A CORRECTION

THE address of the International office was wrongly printed in the report of the congress meetings in the last JOURNAL. The correct address is 431 Oxford Street. The reports of the official day may be procured from Miss Dock, 265 Henry Street, for twenty-five cents.

ON BEHALF OF THE DIET TEACHER

By AMY E. POPE

Graduate of the Presbyterian Hospital, New York City

JUDGING from Miss Hitchcock's article relative to the New York state examinations, in the May number of the JOURNAL, it seems that the Board of Examiners is disposed to lay at least the greater part of the blame for the deplorable failure in the dietary examinations on the teachers of that subject.

The diet teachers, I am sure, must feel that this is not quite just and I would say a word on their behalf. I taught dietetics for two years in several hospitals and during that time, feeling very dissatisfied with the conditions I had to work under in the majority of them, I consulted some dietitians who had had a longer and more varied experience in the work than I. As the result, I found that there were comparatively few hospitals where the arrangements were such as would enable the nurses to gain an equal degree of knowledge of even the principles of dietetics as of their other studies.

The following are a few of the complaints that I received in answer to my inquiries:

In one hospital the nurses were given their instruction, which consisted of fourteen lessons, at night, toward the end of their senior year. At the same time, they were having a like number of lessons in massage, also at night. This made four nights a week that they were obliged to have classes of two hours' duration. As a natural consequence, they were too tired to be easily interested or in a retentive state of mind. Not more than half of these nurses had had or would have any practical experience, and those who had any, had it without the supervision of a competent instructor.

In another hospital, the instruction in dietetics, which consisted of sixteen lessons, was given in the probationary term. Each of the nurses expected to have two months' practical work in the diet kitchen but this service came at any time during their training, sometimes even two years after their class work, and as there was no resident dietitian, the nurse who was serving her second month was given charge.

In a third hospital, where the nurses were given thirty lessons in anatomy and physiology and fourteen in dietary, the diet teacher was

asked to pay particular attention to the digestion of foods, etc., because the doctor who had given the lectures on physiology had failed to do so.

The majority of teachers, except in the hospitals where there was a preparatory course or a resident dietitian, complained of the few lessons given in dietetics compared to those of other subjects. In nearly all the hospitals about twice as many were given in anatomy and, as the teachers justly remarked, when the degree of knowledge necessary for a nurse to have of the two sciences is compared, there are a far greater variety of subjects to be considered in connection with dietary.

In the majority of hospitals it is not the superintendents of the schools who are to blame (they are usually as distressed as the diet teacher at the state of affairs), but neither, until such conditions are improved, is it the fault of the diet teacher that the pupils do not pass better examinations. The greater number of teachers, I know, require the pupils to memorize some of the recipes more important for a nurse to know, but when it is considered how much there is to teach and how much time is necessarily taken up with the practical lessons and putting things in order after those lessons, it is not to be wondered at that more cannot be accomplished in from twelve to sixteen sessions; especially when, as is usually the case where there is no resident dietitian, the lessons are not followed by quizzes or by practical work under the supervision of a competent instructor. It is only by carrying out recipes repeatedly that they will be remembered, and, if nurses are to remember the scientific rules that govern cooking, there must be some one at hand while they are on duty in the diet kitchen to quiz them while they work. If they are to remember the comparative quantities of food required for a given number of people, they must have practice in ordering supplies. If they are to be able, and how necessary it is, to vary invalid's diet or the meals in institutions, especially where money is scarce, there must be some one to encourage them to search the recipe book for, and to try, new recipes. Then, there must not be too much drudgery in connection with the work in the diet kitchen, the pupils' interest must be constantly stimulated, and the importance of their work impressed upon them.

Thus, and thus only, will sixteen lessons serve their purpose. Without such practical instruction, time and money spent on such a limited number of lessons are, except for students who have had some previous training in cooking, time and money lost.

HOSPITALS AND NURSING IN THE PHILIPPINES *

By MABEL E. McCALMONT, R.N.

Superintendent Civil Hospital, Manila; Supervising Nurse of the Bureau of Health, Philippine Islands

It may be only from my close proximity or it may actually be a fact, but it does seem to the writer that in no portion of the globe could there be a greater opportunity for nurses or nursing than in the Philippine Islands. Since the American occupation, much has been done. During the last two years a training school for Filipino nurses has been started and fairly well established in Manila, but there is still such a great field and such large opportunities, both altruistic and financial, it seems rather a pity that the nursing profession does not know more of this far away but most interesting corner of the Orient.

The first American nurses who came to the Islands were, of course, the Red Cross and the army nurses who came over during and immediately after the Spanish-American War. There were about 125 in all, but their movements and history while here are of no special moment at this time, as practically all left the Islands as soon as their immediate duty was fulfilled. A few of the Red Cross nurses went into the army, but with the adoption of civil government, the army nursing corps has been gradually reduced until there are now probably not more than twenty nurses in the Islands. The work of the army and navy corps will always be localized and devoted practically to the Americans; the real nursing of the Philippine Islands, the work that will reach the people, will be dependent upon and represented by the nurses employed by the civil government, by those of private institutions, and lastly, but most important, by the native trained nurses themselves.

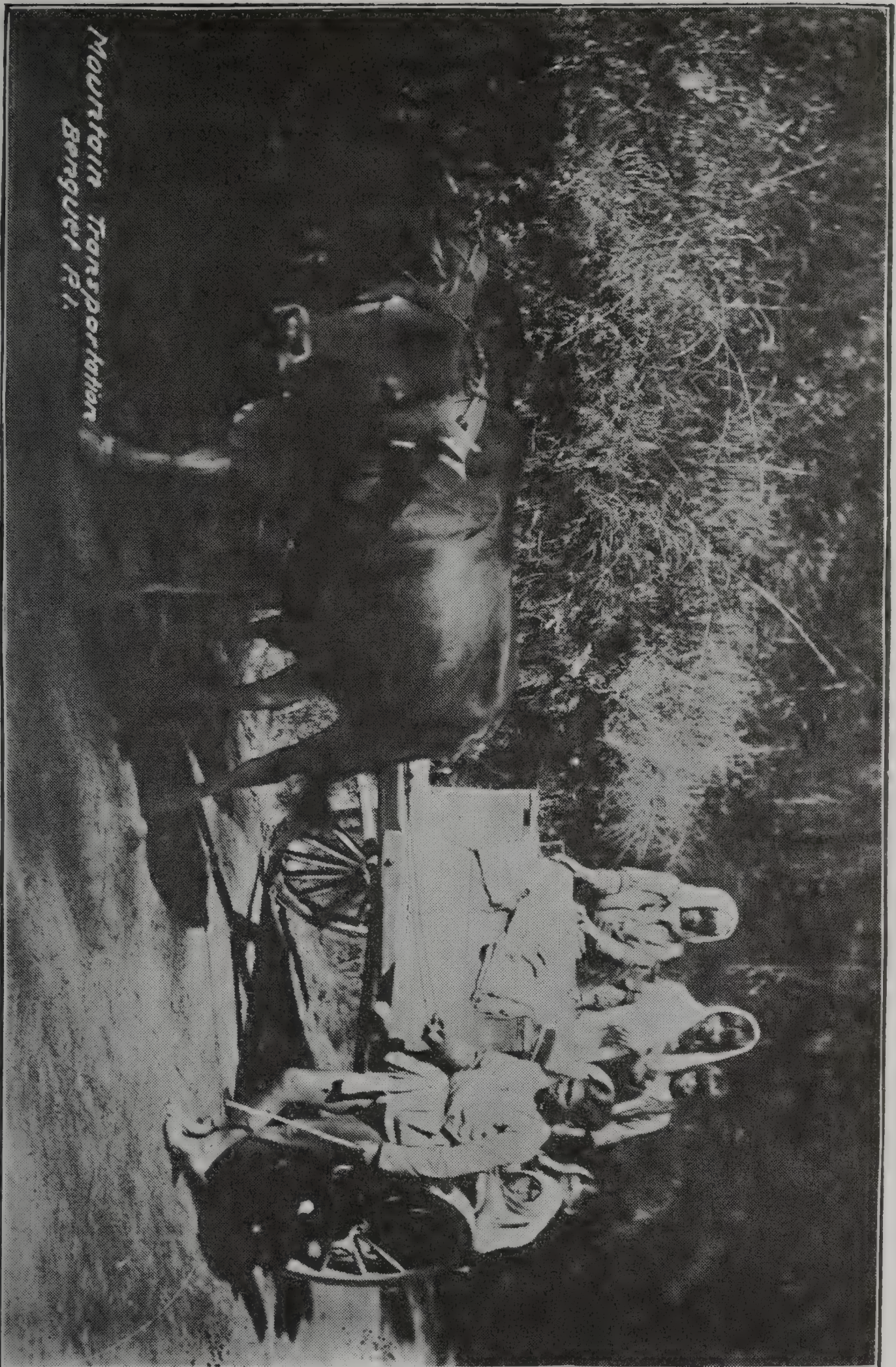
The Bureau of Health has charge of all the civil hospitals in the Philippine Islands, with their accompanying nursing force. While this Bureau is responsible for all the medical and sanitary inspection of the Islands, besides aiding many private hospitals and charitable organizations, yet it directs, controls, and operates the Civil Hospital, Bilibid Hospital, and San Lazaro, all of Manila; the Baguio Civil Hospital of Benguet (the summer capital of the Philippines), and the Culion Leper Hospital. The Civil Hospital of Manila furnishes free medical and surgical treatment to all Insular Government employees, besides doing private and emergency work. When finally merged into

* Written for the International Congress of Nurses.

the Philippine General, which will be within a year, all city cases will be cared for in its wards. The San Lazaro Hospital takes care of cholera, smallpox, and other contagious diseases, with special departments in charge of male attendants and native helpers for leprosy, insanity, victims of drug habits, etc. The Bilibid Hospital is connected with Bilibid Prison, the largest prison in the world, and is a very complete new hospital of reinforced concrete, where an American nurse is soon to be put in charge. The Baguio Hospital is for the sick and convalescent insular employees and miners, as well as for the Igorots, a semi-civilized tribe, in the heart of whose country Baguio is situated. They are an interesting people, with their dog-eating propensities, their absurd half dress, etc. They are a bright, friendly, tractable people, and each day the dispensary at Baguio treats and cares for a large number of them.

Baguio is a wonderful place, situated up in the mountains over 5000 feet above sea level, approached by an automobile road, which is one of the two finest mountain roads in the world; a place where one sleeps under two or more blankets at night, and can actually shiver in the day time; where one can find ice and frost in the cool season, and where the rugged rocks and pine trees help one's chattering teeth deny the fact that he is only a few degrees from the equator. It is with pleasure that I send you photographs of this wonderful country and its native inhabitants. The extremes of civilization seem here to meet, and the incongruities are manifold,—half naked Igorots mowing a golf course with American lawn-mowers, Igorots buttoned up in tight-fitting coats, but perfectly bare from the hips down, with the exception of their gee string or loin cloth, in which costume they frequently serve at dinners at which may be assembled the finest culture and brains to be found anywhere.

The Culion Leper Colony is the largest in the world. There are at present over 1800 lepers there, with several hundreds more segregated or awaiting collection. The work of collecting and caring for the lepers of the Philippines is most interesting. I hope to be able soon to send an article to the *JOURNAL* concerning it. At Culion there is also a large modern reinforced concrete hospital in the course of construction with a capacity of about sixty beds. The work is carried on by two American doctors and six French Sisters of Mercy. Thus far it has been impossible to find American nurses to undertake this work. A supervising nurse there to train the Sisters in more aseptic methods would be of the greatest assistance. It does not mean life-long isolation or anything of the sort. The four American employees, the Catholic Priests and Sisters, with



*Mountain Transportation
Berguer P.I.*

WHERE THE EXTREMES OF SPEED MEET. THE AUTOMOBILES PASS THE BULL-CARTS DAILY ON THIS MOUNTAIN ROAD
TO BAGUIO.



THE FAMOUS BENGUET ROAD, ONE OF THE TWO FINEST MOUNTAIN ROADS IN THE WORLD. ONE TRAVELS OVER THIS
BY MOTOR TO REACH THE BAGUIO SANITARIUM

proper disinfecting precautions, come and go from Manila as often as they have the opportunity. It is a great field, of course, for missionary work, the children of the Colony being dependent upon the over-worked Sisters for their schooling, moral training, etc.

In addition to the foregoing work, which is actively and successfully under way, there are proposed new general hospitals for the various provinces, besides three great health campaigns which are just being started by the Director of the Bureau. One is the crusade for the reduction of infant mortality, another is a great hook-worm campaign, and the third, that now-familiar warfare against the omnipresent *tuberculosis*, which plague has attained the same appalling stature here as in other countries.

Towards the reduction of infant mortality, creditable work has already begun, but it is a work wherein American nurses will eventually figure in the way of supervision at least, and where graduate Filipino nurses will soon be of inestimable value. The great infant mortality, which is 44 per cent. of the total number of deaths, is chiefly due to improper feeding. Imagine babies a few weeks old (and even younger) being fairly stuffed with boiled rice! And frequently they come to the hospitals and ask if it will hurt their babies to bathe them. What a field right here for a Visiting Nurses' Settlement!

Investigations have shown that the impaired health and weakened conditions of the Filipino people (who are not a strong or enduring race) are largely due to the prevalence of not only tuberculosis but to the hook-worm disease, which latter in its capacity to enervate and undermine the system, seems to have no equal. Nurses will not figure in this work, however, for some time to come. At present it is conducted exclusively by the medical men and health inspectors of the various provinces.

The tuberculosis campaign is only just beginning and nurses are needed. It is proposed to build a large camp on the outskirts of Manila where all tubercular working people will be compelled by law to go at night and sleep under proper conditions, and where they will receive instructions from trained nurses as to right living, proper diet, disposal of sputum, etc., etc. After from four to six weeks of instruction they will be dismissed from the camp but will be watched to see if they are improving, etc. The work is not entirely formulated, but promises to be most interesting. Exactly what form the campaign will take in the provinces has also not yet been determined, but in the opinion of the writer it would seem most logical to begin with classes of instruction in the schools, followed up, if possible, by regular visiting from home to

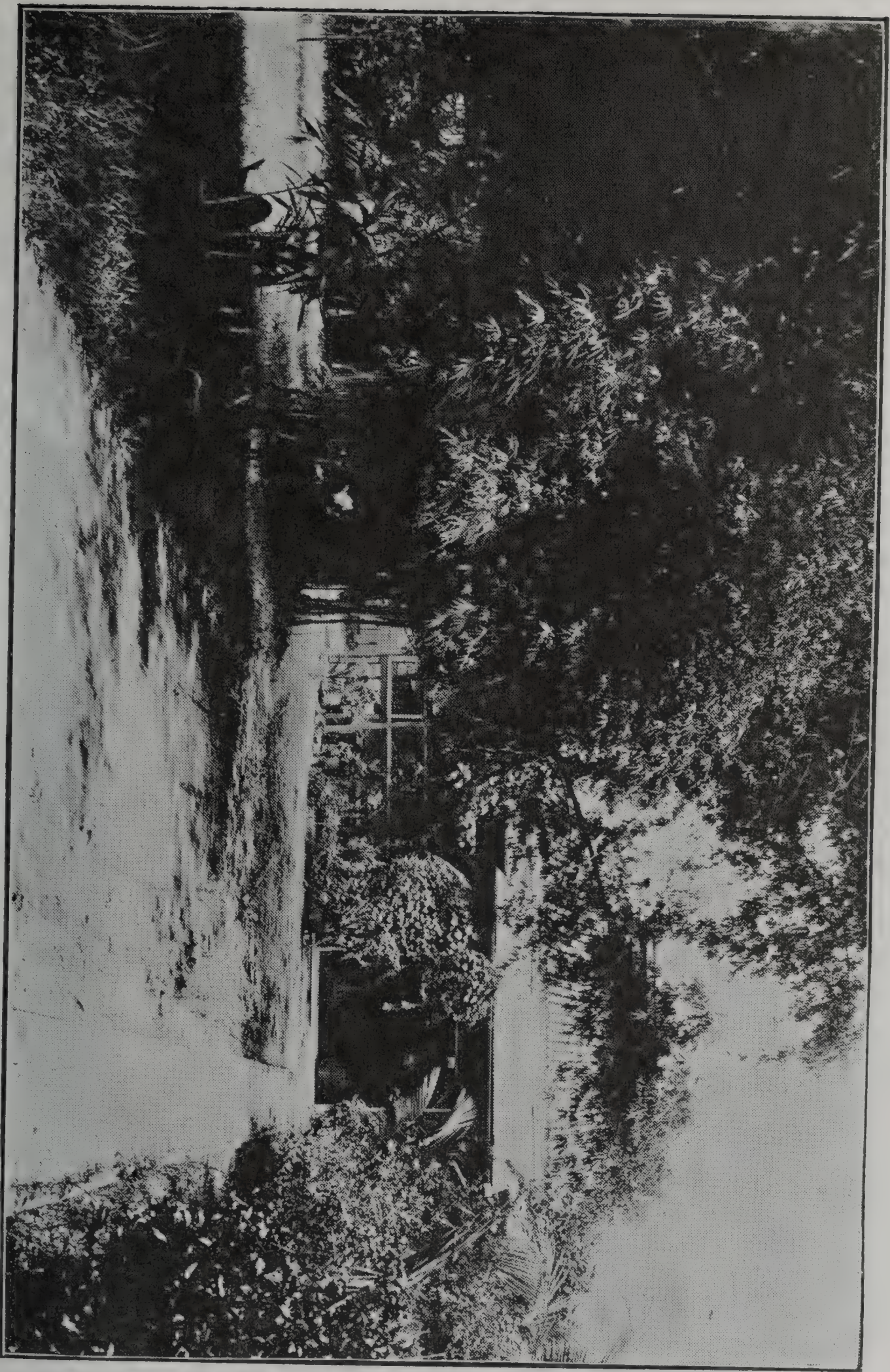
home, giving them practical demonstrations in the matter of cooking, ventilation, hygienic and sanitary measures, etc. I feel that the best results will be obtained from systematic instruction of the school children and Filipino school teachers, which work has already been contemplated by the Bureau of Education but is being held back by a lack of competent teachers of nursing. As the difficulties of such work are colossal and the discouragements extreme, it is useless for nurses without a missionary or philanthropic spirit to undertake it.

The balance of the nursing work done in Manila is accomplished by the University Hospital, St. Paul's, the Mary Johnson Memorial, San Juan de Dios, Sampaloc's and many out-patient dispensaries.

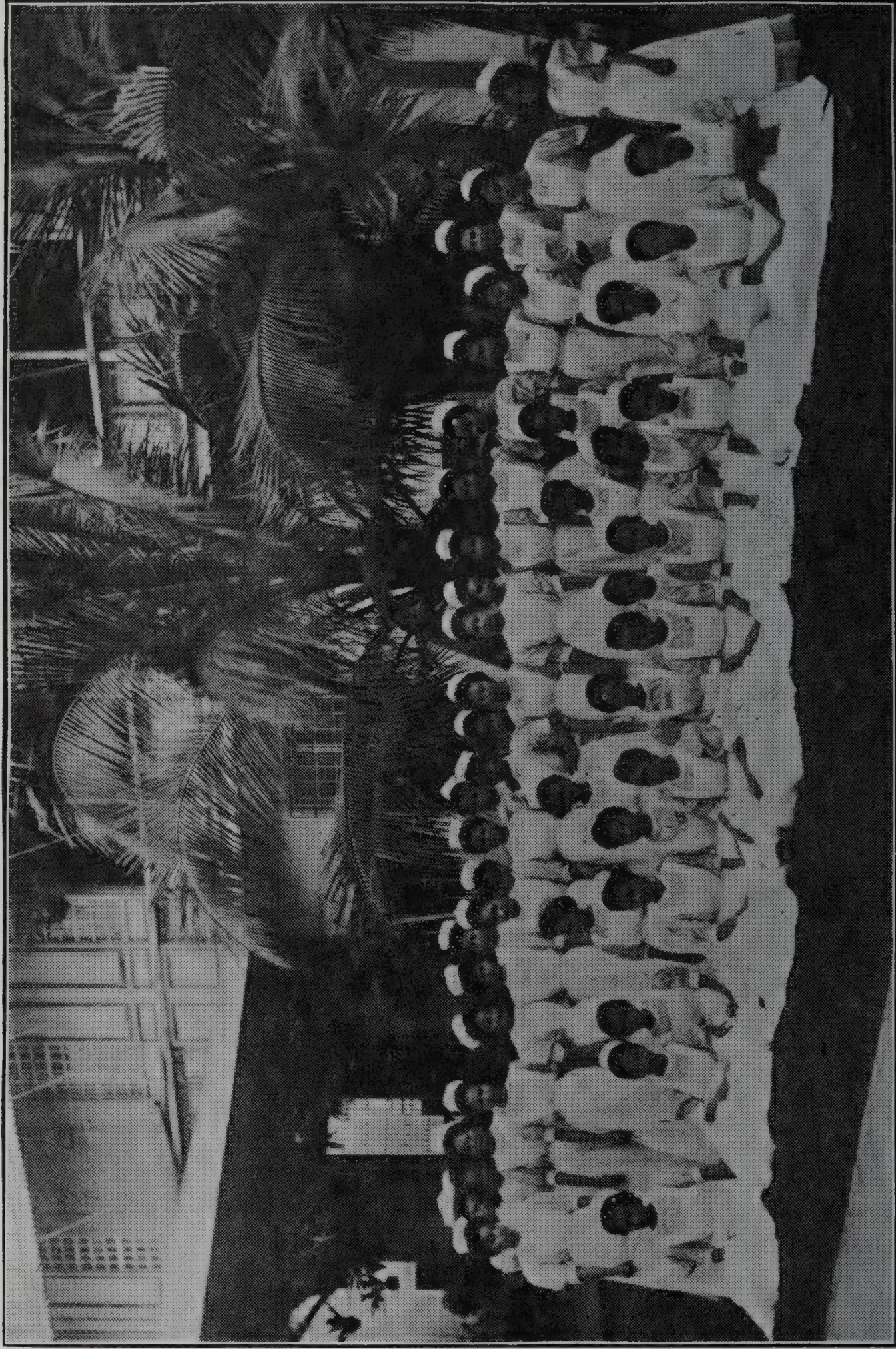
The University is an Episcopal hospital of about thirty beds, with a force of five American nurses. Two settlement workers are also maintained here, young enthusiastic women who are doing splendid work with an orphanage, the establishment of a most successful woman's exchange, neighborhood visiting, children's classes, etc. St. Paul's hospital is a large Catholic hospital of two hundred beds conducted by French Sisters of the order of St. Paul de Chartres. Here is a successful Filipino training school of twenty pupil nurses conducted by two American graduates under whom it has been two years in existence. The French Sisters of this hospital also conduct the Sampaloc Hospital, an institution of sixty beds, supported by and maintained exclusively for the prostitutes of Manila.

San Juan de Dios is a Spanish institution conducted by Catholic Sisters for the benefit of orphans, those feeble minded and insane, and paupers.

There are not more than six private nurses in Manila, yet the demand for them is enormous. The regular salary is at the rate of \$5.00 a day, but even at that price they cannot be secured. Probably this dearth is due to the fact that few people know much about the Philippines. The climate here is not nearly as trying as one is lead to expect from reports of tropical countries. The death-rate among Americans is only about 8 per thousand which is lower than in American cities. There are comparatively no poisonous snakes or insects and were it not for mosquitoes, very little fault could be found. It is possible to get almost everything here that money can buy elsewhere. Fresh milk is difficult to obtain, but good natural milk from Switzerland is available at reasonable rates. Green vegetables, strawberries, and ice are common articles. I trust there will be an awakening of interest in the work of these Islands, and nurses will be tempted to enter the field, not only for the nursing opportunities but for the exceptional opportunity of travel it affords.



THE NURSES' HOME OF THE CIVIL HOSPITAL ONE OF THE MOST ATTRACTIVE SPOTS IN MANILA. A TENNIS COURT TO THE LEFT IS NOT SHOWN.



THE PRESENT FORCE OF PUPIL NURSES IN FRONT OF THEIR DORMITORY.

I will conclude this report with a brief history of the Civil Hospital and Training School for Filipino nurses.

In October, 1902, the Civil Hospital was established in Manila with Miss Julia Betts, a former Red Cross and ex-army nurse, in charge and with a force of four trained and one untrained nurses, and two attendants for assistants. The capacity was then about forty beds, but rapidly increased to eighty beds, with eighteen nurses and ten or eleven male attendants. With the development of the native training school, the force of graduates was decreased to the present number of twelve American nurses and six attendants. This hospital within the coming year will be merged into the new Philippine General, a most modern and beautiful group of buildings of reinforced concrete with tiled roofs. The entire scheme is designed to accommodate 1000 patients. Eleven buildings are almost completed. Each pavilion has a capacity of 60 beds, while the operating pavilion boasts of two large amphitheatres. The required nursing force will probably be 40 graduates as supervisors, 50 native pupil nurses, and a corresponding number of American and native male attendants.

One of the most interesting features of the work over here is the training school for nurses. This was started two years ago by the Bureau of Education as a specialized branch of the Philippine Normal School under Miss Mary Coleman, for six years Dean of Women there. Shortly after its inception the theoretical work was put in charge of Miss Charlotte Layton, graduate of Orange Memorial Hospital, N. J., who is at present carrying it on in a most able manner. The school started with sixteen scholarships, ten furnished by the Government and six by private individuals. After one year's study in the Normal School, six of these nurses were sent to St. Paul's for practical work, three to the University and seven to the Civil Hospital. After a short time, St. Paul's bought over their six scholarships and used these nurses as a nucleus for their own training school which now numbers twenty. The University Hospital did likewise and now has a training school of seven, with five more to enter next year. The seven sent to the Civil remain intact as the senior class and will be the first graduating class under the civil government. There were twenty-three in the next class, making thirty in all. There are twenty in this year's class and for each year hereafter. These twenty scholarships are covered by a special appropriation of the legislature and defray all the expenses of the girls appointed to fill them. The course is a four years' one, including the preliminary year in the Normal School. This is necessary on account of the youthfulness of the available material, but they are bright, con-

scientific girls, doing wonderfully good work. They are making splendid assistants in the operating room, and while they lack the initiative of the American graduates, yet they do so well under supervision that all interested feel greatly encouraged for their future.

I trust this report has given you a little idea of what is going on in this small corner of the world. Perhaps some of you will be inspired to cast your lot with ours. If so we will gladly greet you. It is a country of opportunity for nurses and all women with the right spirit. The work is entirely that of organization. We want nurses with new ideas, enthusiasm, and enterprise, not the salary-drawing variety, but the world-helping kind.

HOUSEHOLD HYGIENE

By ISABEL McISAAC

(Continued from page 26)

VII

HOUSE FURNISHINGS FROM A SANITARY STANDPOINT

THE choice of household furnishings must necessarily be considered from many points of view; usually the expenditure is the most important item to a majority of housewives and only too often the beauty, usefulness, durability, and suitability are sacrificed to economy. On the other hand many houses would be greatly improved if the family income was curtailed sufficiently to prevent the purchase of fussy inartistic furniture which is usually expensive.

From a sanitary standpoint *nearly* all houses are overcrowded with superfluous things; too many pictures, vases, cushions, fancy curtains and draperies, foot stools, and trashy decorations—passing fads which have nothing of permanency in them and requiring an immense amount of time and hard labor to keep them clean, or the health of the family is endangered by the dirt they harbor.

When economy must be the first thought in the purchase of furnishings, more thought must be expended upon the consideration of cleanliness and comfort. Take, for instance, the item of chairs for the living rooms; unless one has a very large house and servants to care for them, let us not buy upholstered chairs which are filled with dust (and bacteria), heavy to move, and, unless covered with good materials which are usually very expensive, are nearly always very ugly; in willow ware may

be found many good designs which are simple, strong, and very comfortable, the kind that fit your back and make you oblivious to a frowning world when you sit down to your best-beloved book, besides being easy to clean with every-day soapsuds. Of late years many chairs of artistic design have been made in such fine woods as mahogany, cherry, chestnut, and others, but they must be chosen with discretion for some of them are beautiful to the eye but vastly deceitful. An inlaid mahogany chair with rounds in the back, which are uncomfortable to lean against, is not desirable, no matter how beautiful and easy to keep clean it may be. The little spindle-legged gilt chairs which are supposed to be ornamental and from which all the stout ladies and gentlemen must be carefully steered or they and the chairs will collapse together, are singularly out of place in an every-day house, and every-day houses are the kind most of us must live in.

Portieres, sofa, and cushion covers are furnishings which should be chosen with critical eyes, for unless they are made of washable materials they afford lodging for innumerable bacteria. Denims and the heavy homespun linens in natural colors may be made into really beautiful hangings and covers and both may be laundered frequently. Rugs which are too large or too heavy to be taken out of doors often for dusting and airing should be avoided.

Beds and bedding are items of great importance from the point of sanitation; cumbersome wooden beds are so difficult to keep clean that metal beds are used almost exclusively in their place. Mattresses and bedding should be of good quality, which though expensive will be the best economy in the end. Cotton "comforters" should never be used, nothing more unsanitary was ever devised for bed covering. Blankets with good care will last a life time, are warmer, easily washed, and in every way preferable.

The protection of mattresses, pillows, and blankets by mattress pads, sheets, and pillow cases is one of the most important points in bedroom furnishing. Unclean beds may be considered fruitful sources of infection of all kinds and beds cannot be clean unless the bed pads entirely cover the top of the mattresses and the sheets are long and wide enough to fold generously over the blankets and prevent them from coming in contact with the occupants. The supply of bed linen should be bountiful, that changes may be frequent. Then let the beds be comfortable; a clean, warm, comfortable bed is a solace for "the cares which infest the day," while nights of good sleep are a powerful defense against disease. Bedrooms should be very simply furnished without too many pictures or ornaments.

In the kitchen, pantries, and cellar, simplicity, convenience, and durability should be carefully considered in selecting and arranging the furnishings. It is lamentable to see the numbers of women devoid of any constructive ability who waste their time and strength working in awkwardly arranged inconvenient kitchens which could easily be made convenient and attractive. Many times these conditions arise from lack of means, but more times they are the result of lack of interest and forethought.

The house-furnishing shops are filled with the most convenient, light, and really beautiful utensils which save so much time and drudgery compared to the old fashioned heavy iron ware and are not so expensive as to be beyond a small income. Nothing adds more to the convenience, comfort, and sanitary condition of a kitchen than a generous supply of towels, dish-cloths, holders, scrubbing cloths, and old linen for various purposes. Economy in dish-cloths does not mean clean dishes, and unclean dishes mean disease. The indiscriminate use of hand- and dish-towels and other linen is common in many households. Pillow cases and table napkins are used for towels, and bath-cloths are in turn used for dish-cloths, which is not only unspeakable housekeeping but dangerous.

When some one must spend much time in the kitchen why not have it as convenient and attractive as possible? It may not be beautiful but it can be cheerful and comfortable, which is, after all, the great attraction in most rooms. The writer has a speaking acquaintance with a little kitchen 12 x 12, the floor covered with blue and white linoleum; the wall paper blue and white glazed paper which can be washed; a white enamel sink in the corner; an oak dish cupboard which once did duty for a book-case; some shelves filled with blue and white jars for salt, sugar, and spices, a table, a range, and last but not least, two west windows which are covered with an awning made of grape vines, and which at the present time are filled with beautiful clusters of grapes, making a picture which causes one to forget that three meals a day must be prepared as long as the world stands.

There is no end to the details of sanitary house furnishings which might be embodied here if space allowed; but in the end the whole may be summed up in a very few words, viz.: to avoid overcrowding, over-decoration, and to carefully consider the points of cleanliness and comfort as well as the suitability, durability, and expense.

(To be continued)

A TRAINED NURSE'S EXPERIENCE WITH THE EMMANUEL MOVEMENT

BY EDITH M. AMBROSE, R.N.

Graduate of the Presbyterian Hospital, New York

WHEN one considers that our whole life is made up of suggestion, and that no impression on the mind good or bad is lost, one has some inkling of its power. The use of suggestion is, of course, no new idea, except in the sense that until the latter part of the nineteenth century, no conscious use has been made of it, in this country, for the alleviation of suffering.

In an article entitled "Psychotherapy and the Trained Nurse," in the June number of the *AMERICAN JOURNAL OF NURSING*, by Walter Morrit, Ph.D., many reasons are set forth why the trained nurse should make a serious study of the psychology of suggestion for use in the treatment of nervous disorders. It seems to me that we might even go a step further and use it in the treatment of all diseases: is not every ill person more or less nervous? and are not good suggestions as effectual for the well as the ill? I can recall many instances of the power of suggestion and autosuggestion in my hospital experience, but one example comes vividly to my mind. It is that of a man brought in by the ambulance suffering acute abdominal pain. While waiting for the doctor to arrive, I did the usual thing and put a thermometer in his mouth. Being suddenly called away, I quite forgot the poor man and left him for fifteen minutes holding the thermometer, but on my return he exclaimed, "I feel very much better already and would like a glass of water to take the taste out of my mouth." A few minutes later he said to the doctor, "Doctor that medicine the nurse gave me did the trick, can't I have one more dose?" I explained all to the doctor who then ordered the dose repeated and the patient left the hospital the next day entirely cured. This was autosuggestion. How many instances of the miraculous power of the placebo can every nurse recall!

So much for its general use; the particular field for its conscious use is in the treatment of functional nervous disorders. A nurse who understood the giving of suggestive treatments and the directing of physical and mental relaxation,—in other words the re-educating of nervous people,—could, under the guidance of a physician practicing psychotherapy, be immensely valuable. When one reads Paul Dubois's book, "The Psychic Treatment of Nervous Disorders," one is led to think

that every disease is controlled by the mind, and when one really thinks about it one is forced to admit that this is the case. A German physician in a book entitled "Dietetics of the Soul," says: "Much progress has already been made and the opinion is daily gaining ground, that not only the feebleness but the actual diseases of the present generation depend more on our moral than our physical condition; and that they cannot be prevented by the bracing systems or the hardening experiments of a Rousseau or a Salzmann—by exposure or cold baths. To guard against them, or, if God wills, to extirpate them, requires a higher culture and that, too, of different kind, and here the first step must begin with ourselves."

The principles of the Emmanuel Movement are plainly set forth in an article entitled, "The Emmanuel Movement from the Standpoint of a Patient," but in case my readers have not seen this pamphlet I quote from it: "The means employed may be classed under the following heads: I. Moral and spiritual re-education, (a) by personal interview; (b) by attendance at the Emmanuel class. II. Correcting the subconscious activity, (a) by waking suggestion; (b) by autosuggestion; (c) by profound suggestion; (d) by work."

In a word it is the curing of functional nervous disorders through the psychotherapeutic application of the religious ideal. The principles are further set forth in an inspiring article in the *July Century*, by Dr. Worcester himself, but nowhere are they more clearly demonstrated than in the life and work of Christ. If one studies Christ's method of healing one sees clearly that He used two principles, Faith and Suggestion and that He understood the use of the latter as no man or woman can hope to; the best we can do is to try to get His spirit into our work-a-day life and help others feel its power. From Dawson's "Life of Christ" I quote the following: "We have already seen that the closer we come to the personality of Jesus, the more does the conviction grow that there was an element in that personality which transcends all that we know of ordinary human nature. With a single glance or word He was able to produce immeasurable effects on individuals. Even in His last humiliation, when armed men rushed upon Him in the garden of Gethsemane, there streamed from Him a power that hurled them backwards, and brought them to their knees. Is it not then conceivable that this force of personality should have an extraordinary effect upon disease? A case in point suggests itself from the life of Catherine of Sienna. Father Raymond relates that in the time of plague in Sienna, he came home exhausted from his labors and felt himself sickening for death. Catherine then 'laid her pure hands upon him' and prayed over him,

and sat by his side till he fell asleep, and when he awoke he was perfectly well. The story suggests at once the case of healing by magnetic force or hypnotism, joined with strong faith in the person healed. Many of the cures wrought by Jesus suggest the same process. He usually demands faith in the sick person as a condition of the experiment. He is besought to make."

Dr. Worcester in his use of the power of suggestion has brought health to many who considered such a thing utterly unattainable, and has also shown them through the power of Christ's ideals where their true happiness lay. It is interesting to read the many accounts of help received, which come daily through the mail to Dr. Worcester; and with his permission I insert a copy of one which will no doubt interest the readers of this article, as an example of suggestion through written advice: "Dear Dr. Worcester: I want to tell you how much you have helped us through the *Ladies Home Journal* article. I am the wife of a physician and was a trained nurse before marriage. Almost all of our married life my husband has been ill, and as we were very poor we had a struggle. He had an attack of tuberculosis (pulmonary), about a year after we were married, and we sold everything at a sacrifice and came out here. After a while the lung trouble ceased but strength did not return; there were digestive troubles and great nervous irritability. For about a year I have been sure, in my own mind, that the trouble was, now, largely nervous and was aggravated by a fear of relapse and prostration should he use the strength that was present. When I read your article on suggestion in natural sleep, I tried to use it to help us, but there were some difficulties. My husband and I slept in different rooms, that is, he still sleeps out of doors, and then I am a very sound sleeper, who can scarcely keep awake after the day's work is done, and he slept very badly. We are both Christians and have prayed daily for health to return. I tried drinking coffee, even taking caffeine to keep awake, but could never find him asleep when I was ready to 'suggest.' One night I asked God very earnestly to help us to do this thing. I had great faith in its helping if I could do it, and then I went to sleep. I waked, it seemed that something said to me 'now, now!' and I sent my whole soul towards my husband and whispered the things I would have him believe, and as soon as I had done so I was asleep again. I was hardly fully awake at all but intensely conscious of what I wanted to tell him. We were in different parts of the house, I do not know what time of night it was, but I believe that God helped me to help my husband, for he awakened a new man full of energy and purpose, and free from all fear of not being able to do things, free from indigestion, headache, and nerves. He

has taken up and built up his practice, eats heartily, and sleeps soundly.

"Is it not wonderful? There have been one or two slight relapses but I have no fear and am very grateful to God and you. May He guide and sustain you in the work you are doing. The world is very full of sorrow and pain and how little we know of the powers God has put within us to better our conditions."

Dr. Worcester found many reasons why he should begin such a work; first his study of Christ, His work and His methods, and second his studies in physiological psychology, together with his association with Fechner, the great German psychologist and philosopher. These led him to see what right thinking might do towards bringing health and happiness to the human mind. To quote Dr. Worcester directly, he says: "From Fechner, Wundt, and James I learnt how delicate and powerful an instrument for the improvement of human life the modern psychology places in our hands," and, "If psychology has taught us to apply calming and helpful thoughts to the human mind, why should we not thankfully make use of its valuable aid?" Dr. Worcester hopes, as he says in his article, "to have an institute which shall include a small and beautiful psychopathic hospital and a school of sound learning. Here physicians, clergymen, psychologists, medical and theological students, and a select group of social workers could receive the instruction and experience necessary to qualify them in their several capacities to this work." This would of course include a post-graduate course for the nurse.

It seems to me that every nurse should be as careful in considering the individuality of her patient as the doctor in considering every part of the physiological body in making his diagnosis. If one is to help another, one must thoroughly understand his point of view, and the best way to get this is to think oneself in the place of the patient. If the nurse, in studying the patient, places herself in his position as far as possible, and calls forth his virtue and goodness she very soon gets his full confidence. As our German physician says, "Encourage your patient by the assumption that he possesses certain faculties and they will develop in him; look on him as capable of cultivation and he continues so." In this way she will see every possible opportunity to stretch out the helping hand until the rough places are made smooth, and by faith and good suggestion mountains of doubt and fear are removed.

The nurse who is best fitted to this work is the one who has passed the "flighty" stage, and has convinced herself that "egoism is the real curse of the human race" and that until man is freed from it he is unfit to take his place in society; "that all nature is but an echo of the

mind; and from her we learn the highest of all laws—that the real springs from the ideal; that the ideal by degrees remodels the world.” Where the patient is too ill to adopt a system of curative reading and exercise, he should associate with some one more powerful than himself and imbibe from that person the “bread and milk of mental health.” Faith in one’s own ideal is the key-note of success in this work and we must realize that faith and sound reason are the secrets of happiness and health. “Faith,” says Dante, “is the supreme energy by which the soul attaches itself to God, or good; through this union the life of God enters the body of man, making him a new creature, ennobling his purposes, renewing his mind, and purifying his love.” “The inner man is after all but one—one force—and the object of cultivation should be to give strength and direction to this force.” From all this one sees that in order to use this power to the best advantage, one must be convinced oneself. It is not enough for a nurse to know the power of suggestion through reading, she must have *felt* its power herself; having done so she will have far greater influence with her patient. Moreover if she consistently carries out her own suggestions, her words will carry double strength. She must also have a thorough knowledge of relaxation from the physiological standpoint, sitting, walking, and standing, as it is most important to get all strain off the nervous system, and her knowledge along these lines is of immense importance to the patient. She must not only be convinced that suggestion is good, but must scientifically understand how to use it from a psychological standpoint.

Here is a letter illustrating this point which I received from a patient last winter. “I think your suggestions as to sitting, standing, and walking were just what I needed. At any rate the thought that there was something definite I could do to improve my condition was a useful stimulus. If I can progress as far proportionately in the next six months as I have in the past six weeks, and keep what I have gained I shall be satisfied, no, delighted! I have reduced my hours of rest during the day from three to two, and find that even with this reduction I can spend an hour a day in some gallery or museum without getting too tired, and two months ago this seemed an ideal forever unattainable. The constant tenseness which has bothered me for five years has departed, except for a few hours at a time after some unusual exertion, and for nearly three weeks I have been free from insomnia, which had followed me for many months. Your letter came January 7, at a time when I was awfully depressed and discouraged with apparently no energy of mind or body, but since that time I have felt well, and if another such time comes, I shall remind myself that it is only temporary, and that

it may be the prelude to another period of gain such as the last six weeks has been. I have constantly suggested to myself relaxation and tranquillity and steadiness, and I feel that I respond more and more readily to the suggestion. Thank you again and again for your kindness in writing to me. Very gratefully, etc."

Another letter from a business man in Boston which bears witness to the efficacy of direct suggestion is as follows: "My dear Miss Ambrose: Your kindly letter with statement enclosed has just come to hand and I hasten to send my check in payment of your charge which is most satisfactory, inasmuch as I should find it very difficult to estimate in figures the worth of your very valuable services during the past months. I hasten to express again to you my very sincere appreciation of your kind efforts. I assure you that the services you have rendered, supplementary to the kindly start given by the good Dr. Worcester, have proved most valuable and efficacious. I can only hope that when others are similarly afflicted they may be as fortunate as I have been in finding such kind and efficient helpers." This man was a severe case of neurasthenia; not only did he recover but he did so without having to give up his business.

Physical, mental, and moral hygiene are subjects which such a nurse must have at her fingers' ends, she must know that true happiness and genuine virtue are based on self-guidance, she must not only "know," but "be." A faith in the power of the spirit within to heal the body is the power which we must constantly strengthen in each one of our patients. "The mind has also its bright point—a hidden sanctuary of clearness and serenity, whither no storms or nightly shadows can penetrate. Here should be our resting place—our house. Its preservation and enlargement should be a constant object of our care."

A NURSE OFF DUTY IN MEXICO *

By MRS. H. INGERSOLL

Graduate of the John Sealy Hospital, Galveston, Texas

It was not many days after our arrival at the Magdalena Smelter, where my husband was manager, before I found that I could help him in many ways. I had no household duties so it was something to keep me busy.

I took it upon my shoulders to count the pay roll. That does not

* Read before the Graduate Nurses' Association of Texas.

sound like much, but when there is a thousand dollars in small change, say ten- or twenty-cent pieces, that have to be put up in three-dollar packages, it takes some time; the other two thousand came in bills and dollars so that was easily counted. Saturday I helped pay off, but the men who brought the wood would present their tickets at any time; if I was taking a bath or a siesta, I would hear some one calling, "Nina," "Senorita," etc.

One day the mechanic brought a man who had been hit on the head by a flying rock and asked me to sew the fellow's head up. I was half blind with a headache, but between us we got him fixed up. My reputation was made; seldom a day passed without my being called upon to dress either a burn or hurt, and it was a pleasure to do it, for the poor creatures were so grateful and never cut up when I was hurting them.

The mechanic's father had been a doctor and he thought that he knew it all. I found him applying vinegar poultices to a badly mashed finger, the wound going to the bone. The inflammation had reached the elbow. It took me five weeks to get it so that the fellow could use his hand.

In all my surgical cases I would give K.I. and keep the bowels open and they all did well. I only had one or two medical cases,—generally as soon as one of them would begin to feel sick they would start for their "tierra," and I would not be called upon to treat them. I dreaded the cases of those who were "leaded," but fortunately they were rare.

I was called one night to come and help dress several cases that were hurt in a cave-in in the mine. I found four that were rather badly hurt. One old chap had his head cut open in several places, a fractured jaw, a broken arm, and a bad cut on the leg. I fixed him up as best I could with what we had and put him in a cart to send to the hospital in Oaxaca. They got him as far as Tule, and he would go no farther as it was his home. He insisted that I had "cured" him. These people have an awful fear of the word "hospital" and won't go there if they can help it. The whole time that I was working on him he never flinched, sat there and smoked; when I was through he asked for a drink. The other fellows got off lightly with only scalp wounds.

A horrible thing happened there. The dynamo got something the matter with it one night and the lights all went out. At such a time there is always danger of a man who has a grudge against another getting even with him, and all the white men went down to the Smelter at once to help get the lanterns lighted. The dynamo was repaired and all left except the Smelter force and the assayer. At last he started for the house, and being very absent-minded he walked out the door that led

to the hot water tank and into the tank. He was horribly burned and lived only ten days. The doctor came out from town every other day, but between times the responsibility fell on me. It was an awful experience.

It was not all work and no play by any means. I would ride up to the mines with my husband twice a week; other days I would ride alone. My horse had a reputation for being a bad horse and when the Indians would see me coming they would get out of my way in a hurry, so I was never troubled by them. Mitla was only a three hours' ride from the Smelter and I used to take those who visited me over. Oaxaca was three and a half hours' ride and I went into town quite often, where I had many friends; then there were often visitors at camp.

The only time that I have had an unpleasant experience was during the earthquake two years ago. My husband had to leave for Mexico City on business on a Saturday, one of the owners of the Smelter came out from town and helped me pay off on that day. Bright and early the next morning he started for town. Had I known in time, I would have gone in also, for the smelter was closed down. I was the only white woman there, and the men who were there were a rough set. I saw nothing of them all day Sunday for they were drinking, but along toward evening they came up to their rooms. I went in and went to bed as soon as I had supper (for it was very noisy outside), with the pistol on one side of the bed and the rifle on the other. I was not afraid, even with two thousand dollars in my trunk, but after I had heard a shot fired I began to get nervous. Up to eleven it was awful, then things quieted down, and I was just dropping off to sleep when my bed began to do all kinds of fancy stunts. I immediately thought that some one was under it, so I jumped up, but when I felt the floor moving I knew that it was an earthquake and I decided that I would rather run the risk of the walls falling in than face those drunken men.

When we left the smelter we came out to the Sierra Jaurez. It is forty miles to the railroad over the mountains, where one climbs up just to climb down. It takes a good rider and a better horse to make the trip in eight hours. All our groceries and, in fact, everything except meat and vegetables come out on the pack mules. It generally takes them three to four days to make the trip out, so one tries not to run out of things but keeps a supply on hand.

When we came out here to live we made the trip in two days, stopping over night at the Parada. We had a pack mule with us and not being accustomed to the horses she would not follow, so my husband led her and I rode behind and used my quirt as a persuader.

This is the most beautiful place that I have seen in Mexico; a narrow gulch shut in by tall mountains with the clearest stream running through it, and a nice climate even though we are so near the "hot country." But when one gets sick, it seems as if you had better make up your mind that there is very little chance for you. I went to bed with an attack of malaria, so I thought, but three days after I knew that I was in for a spell of inflammatory rheumatism. A boy was sent off post-haste to Oaxaca for medicines, but in the meantime we had to do the best we could with what we had. My husband turned out to be a very good nurse and when I was not out of my head I told him what to do. The medicines came and I got over the worst of it, then, like most nurses, I *would* get up. In four days I was back in bed with a relapse and there was not a joint in my body that was not infected. Unable to move, I was not an easy patient to take care of, and I often wished for a nurse who could do for me without having to be told what to do and how to do it.

It was decided that as soon as the fever left me they would take me to Oaxaca. From Thursday till Saturday I was free from fever, so on a Sunday morning the chair was brought to the house, I was carried out and put in it, and we started. Quite a procession I led, with the four Indians who were carrying the chair, followed by the other four, each carrying something, a canteen, my canes, etc., then the pack horse and anywhere along the line was my husband. It took us seven hours to reach the Parada. My, but it felt good to get to bed again. A good night's rest and an early start and we were at the Cumbre very soon. Then came the big drop. Down we went, the Indians in a dog trot and it seemed that we would never reach the bottom. It's about a four-thousand foot drop without any let-up, and where every jolt was pain it seemed that we would never get down. But all journeys have their end and we reached ours, eight hours after leaving the Parada, tired, but feeling better.

THE article on "Day Camps" read at the Tuberculosis Congress in Washington last autumn, has been translated into French in the *Bulletin Professionnel*.

Kai Tiaki records the admirable work of a fully trained and registered nurse and midwife who is a Maori woman and the first Maori nurse, who has recently been sent by the New Zealand government to work among her own people during an epidemic. Her name is Nurse Akenahi Hei.

THE BAKING OVEN

By CHARLOTTE EHRLICHER, R.N.

Superintendent of Nurses, German Hospital and Dispensary, New York City

THE baking oven which has been in use in the German Hospital for over three years is shown in the accompanying illustrations with a patient in it. It is used for cases of rheumatism and nephritis, for gynecological cases where there is pelvic congestion, in fact for all cases where it is desirable to produce activity of the skin and lower the blood-pressure.

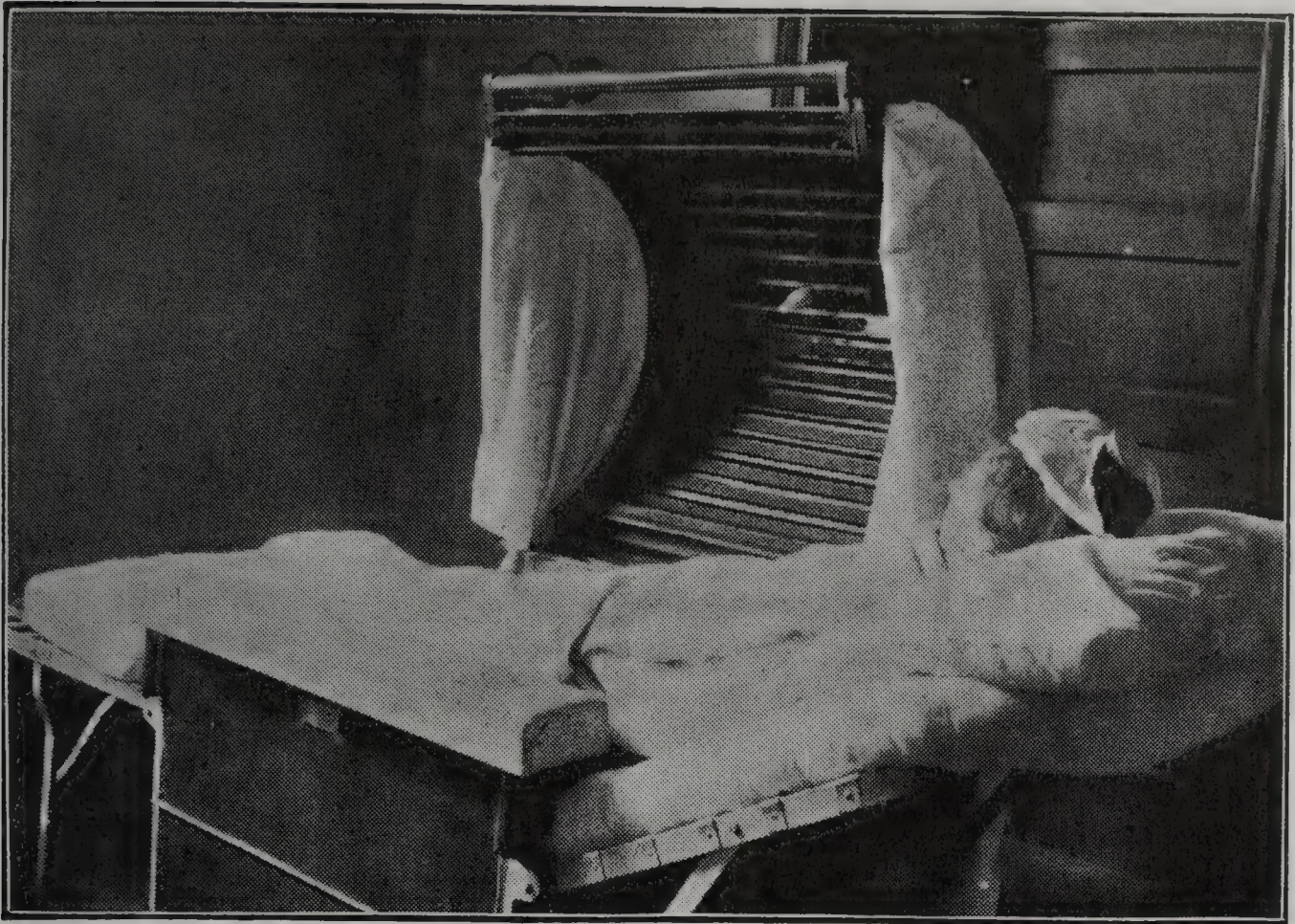
The oven stands in a room assigned for that purpose, which contains no other furniture except a couch, a chair, and two smaller ovens for baking single joints, such as the knee. The nurse takes the patient in a chair or on a stretcher to this room, taking with her an ice-bag for the patient's head, blankets in which to wrap the patient, alcohol and towels with which to rub her, and a bottle of seltzer. After the patient is wrapped in the blanket, the cover is closed, and canvas curtains at each end are tucked in to retain the heat. The gas is lighted below, and a thermometer inserted above between the two little chimneys. The patient remains in the oven from three-quarters of an hour to one hour, at an average temperature of 200° F. to 250° F. Some patients, after frequent treatment, can stand heat of 300° and over. A nurse remains with the patient, and the pulse is watched but is not recorded unless so ordered. Stimulants are at hand in a nearby medicine closet, otherwise they too would be taken into the room. The results have been so satisfactory that the oven is kept constantly in use.

SCHOOL NURSING IN NEW YORK CITY

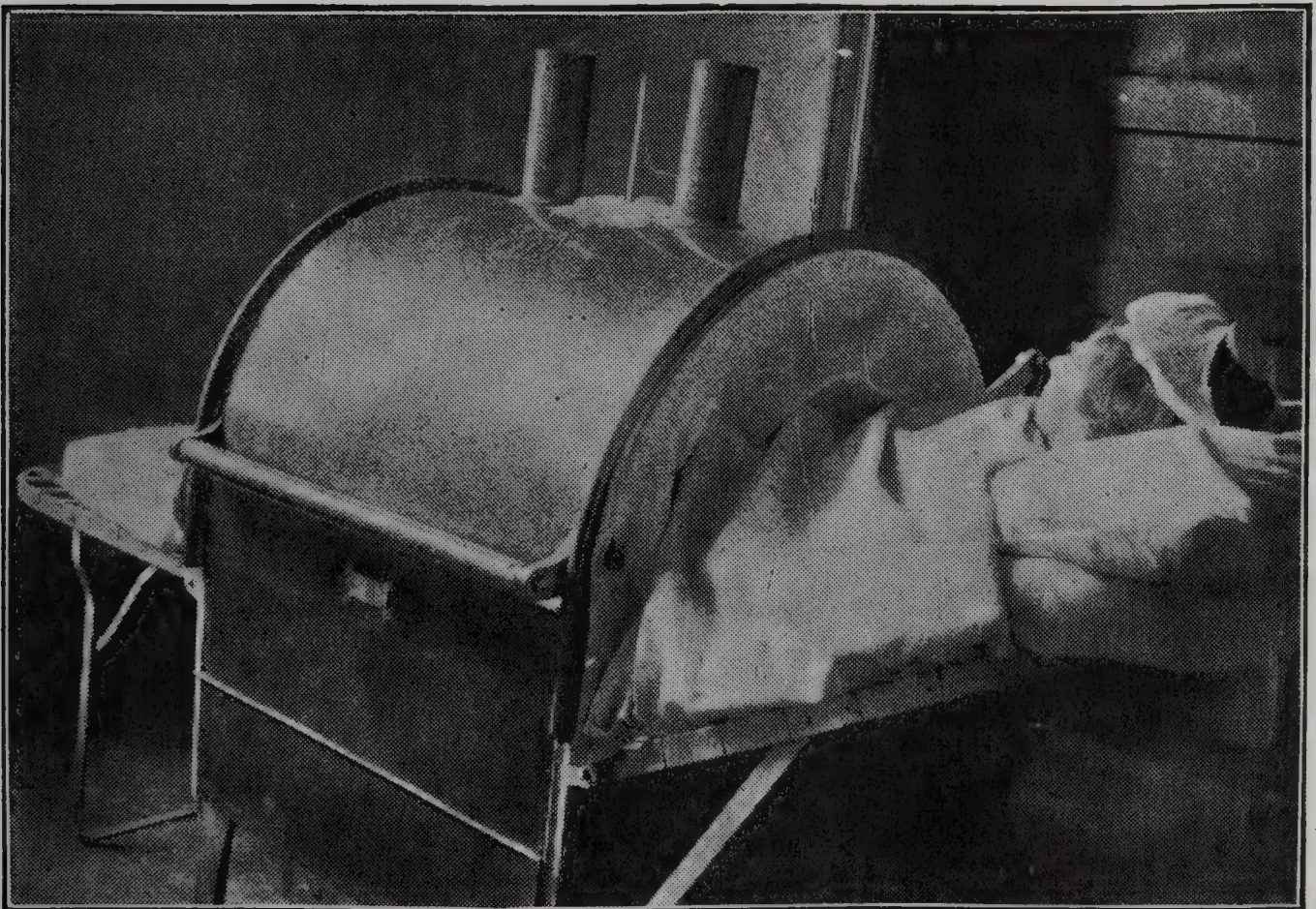
By ANNA W. KERR, R.N.

Graduate of Bellevue Training School; Superintendent of School Nurses for the Department of Health

THE medical inspection of school children in New York employs a force of 156 inspectors and 141 nurses. Beginning as it did with the idea of preventing the spread of minor and major contagion in the schools, with the advance in the study of child life it now includes, first, the physical examination of each pupil by the medical inspector



THE BAKING OVEN, OPEN



THE BAKING OVEN CLOSED.

for the discovery of defects which may impede the child's progress in school, prevent his normal development, or cause him needless suffering; and second, the constant instruction by the nurse of both children and parents in the laws of hygiene and the necessity of preventive and corrective measures for physical defects. The successful carrying out of this system requires the thorough co-operation of principals, teachers, parents, doctors, and nurses for its best results.

This is comparatively a new field for the work of the nurse, and it demands a thorough general training, endless patience and tact, training as a social worker, a knowledge of the laws governing living conditions in the city, thorough acquaintance with all hospitals, dispensaries, and charitable agencies and the constant study of hygiene in all its branches. Her work is in great measure instructional, for it is no part of the system to supply care of the sick by trained nurses but to demonstrate and instruct mothers and children in the first principles of health. If the endless repetitions and the monotony of it are wearing, they are counteracted by the hopeful nature of the work, which is only in its infancy.

As Greater New York includes schools in the rural parts of Richmond and Queens boroughs, the work must necessarily be modified by conditions, but the working plan is the same in all of the 458 schools included in the system.

Take, for an example, a large model school of 2500 children in a crowded Italian district, whose influence for good is felt throughout the neighborhood and whose principal takes the keenest interest in every detail of the school work. The nurse working in this district has two schools to look after. She reports for duty each day at nine o'clock and the morning hours are divided between the two. The school nurse's uniform consists of white apron with bib and badge as nurse of the Health Department. In a room assigned to her for that purpose she receives and treats or instructs all children sent to her by the inspector and those referred to her by principal or teachers. The treatment cases are limited in number and according to a regular formula, as it is done more as a demonstration to the child or the parent as to how to care for themselves. Demonstrations even include washing the hands and the proper cleaning of the teeth. Cases needing continued treatment are referred for house or dispensary care.

Instruction for physical defects is done singly or in groups, and circulars on the care of the hair and teeth are given to each child to take home.

Class or routine inspection is inaugurated at the beginning of the term by the inspectors and kept up by the nurse at intervals. At these

inspections, the eyes, hair, skin, mouth, and throat are examined, the child being instructed to take such a position that he need not be handled. Several classes can be inspected daily, the names of the children needing treatment being placed on an index card and kept there under the nurse's observation until the child is well, and the name discharged from the list.

A certain number of children found on examination to have defects are turned over to the nurse each day, and notices sent to the parents that such defects have been found and advising that the child be taken to a physician. In some cases the notice to the parent is all that is necessary, the child being put under treatment by the family physician and report to that effect sent to the principal. The careless, the indifferent, or those who are not able to afford the expense of remedying the defects are the nurse's care. The parents are summoned to the school for a consultation with the school nurse and are instructed by her. Much of this work can be done in the schools, but several hours a day must be devoted by the nurse to the home visits, where her best work is done. There are many pitfalls in the way. She must not diagnose cases, she must not interfere with any physician's practice, etc., she must not antagonize the family, and she must know their language, understand their customs, and respect their pride, and she must see that the defects are corrected, glasses supplied, that tea and coffee are cut out of a child's diet and milk and eggs substituted. These things she does, and is rewarded by the gain in the child's condition.

At a given signal children whose names have been previously sent to the teachers go to the medical room to see the inspector. At another signal those who are to see the nurse are excused. Each child carries with him a card, which is stamped by inspector or nurse, showing that the child has been treated or instructed and accounting for absence from the class-room. This is a most methodical way and saves endless confusion and is satisfactory to both teachers and nurses.

Some opposition is met with, much ignorance and indifference have to be overcome, but the results are satisfactory. During the school year of 1908-1909, about 300,000 children were given a complete physical examination by the inspectors. Three-quarters were found to be suffering from some non-contagious physical defect and of this number more than half had treatment provided by their parents. These figures show the magnitude of the work and the results due to the nurse's efforts. It is plain that in this branch of municipal health work there is a broad field for the nurse.

MODEL HOMES FOR WORKING GIRLS

By MARY E. THORNTON, R.N.

THE Tenements Committee of the Woman's Municipal League of New York has for a part of its program for the coming year a demonstration of how two working women can make a complete home in a two-room flat at a weekly rental of \$2.65.

One of the members of the committee, Miss Gertrude Barnum, has fitted up such a flat at 416 East 65th Street, where she is "at home" to visitors every Thursday afternoon and evening. One Thursday, the writer was among those who enjoyed her hospitality.

The decorations of the model tenements are in marked contrast to the tawdry embellishments of the ordinary flimsy apartment buildings, whose art some one has described as a cross between early Pullman and late North German Lloyd. The exterior of the model dwellings is of simple, substantial character, brick, with stone entrances and trimmings, and all rooms have windows which open either upon the wide, well-kept streets, or on large, light, immaculate courtyards.

On passing the threshold of the building one finds her dream of marble halls coming true, for the common hallways are built of materials upon which you could turn a hose, and it is evident that the superintendents do not economize on soap and water. The tasteful dark green and buff Bostonesque walls are shining clean and the pretty stone floors and stairways are a constant reminder of the big "wipe your feet" mats at the entrances. No one would think of stepping upon such a floor without wiping her feet, and there beginneth the first lesson.

It is surprisingly still in the buildings, as all partitions between dwellings are deadened; and it is so light that one does not grope and stumble as in most apartment houses. Nothing is in the passages to stumble upon; in fact, the only evidences that the residents use pails and bottles or have garbage and rubbish to throw away are the significant green doors of the dumb-waiters on each landing. Garbage is disposed of so immediately and completely as to leave no odors behind, and plumbing is of such quality that sewer gas is unknown. All lavatories are private—one inside of each separate flat.

When we come to flat forty-two, the electric buzzer works and the door opens promptly into a small private hallway with a shelf and coat-hangers at one end, for hats and wraps. The "study" is the first room, and a bright hospitable appearance it presents; woodwork, with black

Flemish oak finish; walls, buff; buff and red window curtains and hangings, and a nice, plain, built-in piece of furniture which looks like a book-case—but there comes a surprise! The book-case proves to be a china closet, full of fetching, talkative, red and white cups and saucers, pitchers, bowls, etc., all bought at a neighboring “3, 9, and 19 cent store.” Behind a black Japanese screen is hidden a gas range. Behind a tall, green screen is discovered a white enamelled kitchen sink and white porcelain wash-tubs. And you sit down in astonishment with a realization that you have been completely fooled by the desk and desk chair, the little round black oak centre table with its brass lamp and magazines, the large black wicker cushioned arm-chair, etc. This room isn’t a study! It’s a tenement kitchen!

Next, one is permitted to peer into the closets, with their strong clothes-hooks and good wide shelves and hat cupboards; and to examine the quarter gas meter and the “A Number 1” plumbing in the lavatory (which has a window opening to the court). Then comes the “drawing-room.”

It is at this juncture that you decide to give notice to your landlady, abandon your hall bedroom at the boarding-house, and have a drawing-room all your own. Such a cosy couch and pillows and perfect-lady window curtains! A window box with bright geraniums, dears of rugs and rockers and settees; and another closet! Listen. When you open that closet door you know that you have been fooled again. Lingerie, it contains, kimonos, and slippers. Yes, fooled again! The drawing-room is another fake. It’s a bedroom under its cloaks. The settee opens to reveal spick-and-span shirtwaists. The couch cover comes off to reveal a white bed-spread and hemstitched pillow slips. The chest of drawers unfolds at the top and becomes a bureau with drawers full of combs, brushes, face powder, nail files, and what-nots.

So you rush off to your own address as fast as ever you can get there, pack up, and say farewell forever to the long-faced, rickety furniture, and wheezy gas jets of your top-floor-rear bedroom. And you wonder and wonder why you have ever stood them all these years, and breathe a prayer of thanksgiving to the Woman’s Municipal League Tenements Committee whose “sphere” most truly is “the home.”

NEW ZEALAND’S national association is formed by the amalgamation of four local groups, with Miss Maclean, the assistant inspector of hospitals, as president.

MILK STATION WORK IN PITTSBURG

By LEONTINE CREMERIEUX

Graduate of the Medico-Chirurgical Hospital, Philadelphia

THE Pittsburg and Allegheny Milk and Ice Association is doing wonderfully good work by supplying milk for babies, nursing mothers, expectant mothers, and the needy sick. There are nine stations, seven in charge of nurses furnished by the city—Misses Ott, Macpherson, Chatham, McCarthy, Frank, Smith, Mrs. Lynn—all graduates of Pittsburg schools, who have passed satisfactory examinations required by the Board of Health. The salary is \$75.00 per month and car fare. The other two stations are in charge of Miss Martin, supported by the Milk and Ice Association, and myself, who am paid by the Bath and Wash House Association. The Milk and Ice Association furnishes all the milk and ice necessary at these stations. I am dispensing 132 quarts, 10 pints daily at the present time; 3674 quarts during the month of August. The stations in charge of city nurses are open for four months, beginning June 10, the others as long as needed.

Each nurse has a stated hour for dispensing the milk, after which she visits the families that receive it, giving instruction to the mother on the care of the babies. Many a family has more than one under three years old. The nurse also examines all infants under three years old who are reported ill, and advises the mothers to consult their family physician. If they have no family physician they are referred to the physician in charge of the clinic connected with each station. These clinics are held daily. The physicians are experienced in pediatrics and are giving their services gratis.

Mothers' meetings are held every two weeks at each station, every one being invited who is interested in the work. They are very well attended and appreciated by the mothers. Dr. Dranga, medical director of the Milk and Ice Association, talks on the care of the babies. The mothers are at liberty to ask about any problem they cannot solve,—bathing, regular feeding, care of bottles and nipples cannot be repeated too often. After the talk a little refreshment is served.

To each family receiving milk, ten pounds of ice is delivered daily to the home. The order is sent by the nurse, whose signature is the only one recognized by the Ice Company. The families that have not the convenience of an ice chest are taught to make one of a box, usually a soap box, and two tin pails. The box is interlined with small layers of paper, inside of which are placed the pails, one within the other; then from the outside of the outer pail to the interior of the lined box

it is tightly packed with paper or sawdust. This can also be used as a fireless cooker.

We find a few who do not wish to accept charity, wishing to pay a little. The following is the price list: milk, 5 cents a quart; modified milk, 2 cents a bottle; ice, 5 cents a week; nipples, 2 cents each; empty nursing bottles, 3 cents each. Modified milk is delivered in baskets holding the number of bottles, according to the feedings required. I never sell a nursing bottle without nipple, as they often wish me to do. A nipple is apt to do service a dozen times its value. When it falls to the floor it is often wiped on a dirty apron, then put on the bottle. When a bottle falls, this usually means another one.

Walker Gordon laboratories furnish all the milk used. A few mothers modify the milk after instruction; for the others we must have the milk prepared at the laboratory. The majority of the babies are starved either by the lack of food or improper nourishment. The mothers are not nourished. I have had a few cases under my care, where children between two and three years old are still nursing. When mothers are told not to nurse them their reply is, "I have nothing else to give." Pittsburg feels the financial depression more than any other locality. Many of the men of these homes make one dollar and a quarter a day, and work only three days a week. Some have had no work for two years.

Few realize the necessity of good pure milk, which does not need sterilization, which is in itself a well-balanced ration. We try to teach people its food value, and tell them it is the cheapest kind of food, compared to steak, which is considered highly nutritious but a one-sided diet. Milk is one-fourth as cheap as steak, but steak has not the nutritive value of milk. Milk is more digestible than most foods, because its constituents, excepting fats, are in a state of solution or semi-solution and fats are present in the form of minute globules held in suspension. In this state they are easily taken up and assimilated in the body. This renders milk easily digestible for children whose masticatory and digestive organs are not so efficient as those of a normal adult.

When we compare the cheapness and nutritive value of milk with other foods, we should induce the poor people to use good milk more often and not give bologna and such to their infants. When you tell them the above, they will say, "Milk no good in this country," which is not to be wondered at when many pay only 6 cents a quart, and have an idea this is all which can be had. One woman said to me, "I have been in this country eight years and I never tasted milk like this since I left the old country." In their own country they know the habits and language and can live, here they are huddled like sheep and follow their leader, who is not always honorable. One can appreciate this feeling when one has been in a strange country and does not know the language.

NURSING IN MISSION STATIONS



(This department has a two-fold purpose,—to keep nurses in this country informed regarding the work of missionary nurses, and to put missionary nurses in touch with each other, for an interchange of ideas, questions, and suggestions. All nurses engaged in mission work, of every creed and country, are invited to contribute to its columns.)

A CHINESE FIRE-ENGINE

FROM a home letter written by Ida M. Albaugh of Kiang-Yan we take this account of a fire in a mission hospital.

“Early this morning, when Dr. Worth went to the hospital, he . . . noticed smoke coming up through the floor of the dispensing-room. . . . Almost as soon as he called for water some of the Chinese helpers had it there, and they worked like firemen then to save the building. At first he thought the fire was burning under the whole building, and gave the order to take out the furniture and see to the safety of the patients. Fortunately there were only two bed-ridden patients, and they were quickly removed to places of safety; the opium patients were released, and in a very short time the rooms were cleared.

“By that time the neighborhood was aroused, and some one seized a gong and running into the city beating it gave what we at home call a fire alarm. It served the purpose, and by the time Mrs. Worth and I got there the first engine had arrived. The horses which drew it looked strangely like Chinamen, and it had no wheels, but was supported on the shoulders of the men on long poles. Before it came a gong, going bang! bang! bang! as hard as ever it could. They quickly set it down on the ground, while men with buckets of water hastened to fill the tank which holds about forty or fifty gallons of water. Across the top of this tank was a pump, which was worked by a long pole going up and down like a see-saw; attached to the pump was a long brass nozzle, which could be raised or lowered, and that was the engine—water-dragon—they call it. It is a very crude affair, and Mrs. Worth says she has often laughed at them, but none of us will laugh at them again, for they were a great factor in the saving of the building, which has been so long needed and so thankfully received when it came at last. One after another these little engines came until they had at least eight or ten, and they worked

faithfully. I was, of course, unable to talk,¹ but Mrs. Worth asked me to stay where a lot of things were lying on the ground and watch that nothing was carried away, so there I stayed. Fortunately for me it was where I could see a big part of the fight, and as the operating table was there, I got up on it and so could see everything. I prayed and watched; it was all I could do; but I did that as hard as I could, and as I watched I could see the fire gradually getting more and more under control, and then my supplications were turned into thanksgivings and rejoicings that God was answering the prayers of His people.

"Where I was standing I could see one of the rooms where the fight was raging hardest, and it was really inspiring to see how faithfully the Chinese—both Christian and heathen—worked. They had to carry all the water from the canal, a distance of about 200 feet. Three men stood waist deep in the icy water to fill the buckets, and then the men and boys ran with them, twelve or fifteen steps up the canal banks, to the gate, turning three corners to get to the engines, emptying their buckets and returning for more. I saw, it seemed to me, hundreds come to the side where I was with buckets, pitchers, old five-gallon square kerosene cans, and a kind of basket which holds water. Even a baby's bath-tub was doing duty. Every one who had a bucket sent it, and anything in the world that could be of service was there. People whom the missionaries have thought were unfriendly, and those who might have borne grudges for having been discharged as servants, and heathen by the score, were there all working together.

"The city and camp officials were there; the soldiers were sent out to maintain order and were seen everywhere with guns and bayonets and pikes and halberds. Four were stationed at the gate to see that no women and children, or those who would get in the way, were allowed to come in, and all that the authorities could do to help was done.

"The boys from Mr. Little's schools, large and small, were there working; their teachers and the young student doctor working like coolies. One of the school-boys has only one arm, and he was one of the most faithful water-carriers. Preachers, teachers, tailors, cooks, house-boys, coolies—it was all one and they had but one idea—to save the 'Jesus Chapel,' as they call it.

"The furniture is not so extensive as is to be found in the United States hospitals, but the beds are single iron beds, and many of them were thrown out of the second story windows. A few of them were broken, but they stood it very well indeed. We are firm believers now in buying strong beds; it pays if they have to go through a Chinese fire."

¹ Miss Albaugh had but recently arrived in China.

ITEMS

MARGARET E. BENDER, a missionary nurse in Shanghai, China, arrived in this country on furlough on July 27.

Woman's Work tells of a real little girl, daughter of a missionary in the Philippines, accustomed to the manifold sanitary precautions needful there, who on hearing the story of Elijah and the ravens said: "I suppose he could break out the parts where their beaks touched the food so that he would not get any microbes."

On hearing about Jesus and the Samaritan woman at the well, she said: "The Lord told her not to drink the well water, He would give her some distilled water."

Her mother adds that when she leaves a native to wash her dishes, she pleads the ancient promise, "I will rebuke the devourer for your sakes," feeling that they need protection from germs as much as the ancient Israelites did from locusts or grasshoppers, and that she has sometimes thought that the prophecy, "The fire causeth the water to boil to make Thy name known to Thine adversaries," might have been a foreshadowing of missionary life in the tropics where boiled water is so necessary to their living to "make His name known."

A HOME for the medical treatment of infants having hereditary syphilis has been opened in Friedrichshagen, near Berlin, with Sister Emma Köberlin, one of the members of the German Nurses' Association, in charge. Infants are taken as early as possible, from a few weeks old, and, as treatment needs to be prolonged, they are to be kept for several years. Beginning with ten babies, the home will admit ten every year until its capacity of forty shall be maintained. Mothers will be taken while the babes are breast-fed. Artificial nourishment if needed will be cow's milk. No line will be drawn between legitimate and illegitimate children—the plan is to rescue infant victims of venereal disease as early and treat them as thoroughly as possible as part of the modern combat against those diseases. The mothers often show no symptoms and only the blood examination proves their own infection. Germany is entering upon a determined war against venereal disease.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

THE DIAGNOSIS OF GASTRIC ULCER.—At a meeting of the Medical Association of the Greater City of New York, Dr. Max Einhorn said that in the diagnosis of ulcer of the stomach he had for some time past been using the method of introducing a white string and allowing it to remain in the stomach over night. If an ulcer was present and in such a position that the string came in contact with its surface there would be found more or less discoloration from blood at a certain part of the string. More recently he had employed a rubber bag, inclosed in gauze. This was introduced into the stomach in a flaccid condition, and then dilated by means of the tube to which it was attached. It was allowed to remain *in situ* for half an hour, when the air was permitted to escape from it and it was withdrawn. The gauze was dried, and it showed discoloration if it had come in contact with an ulcer. Several of the gauze bags which had been employed in this way were exhibited. In one instance the bloody discoloration was caused by a cancer, with an ulcerating surface.

GASTRIC DIGESTION OF INFANTS.—The *New York Medical Journal*, quoting from the *American Journal of the Medical Sciences*, says: Clarke states that the motility of the infant stomach varies inversely to the concentration of the food. The more dilute the food the more frequently may the feedings be given. Lime water does not reduce the acidity of the gastric contents, the neutralizing of a portion of the acid being overcome by an increased stimulation of hydrochloric acid by the gastric glands. This may even increase the amount of acid available for digestion. Sodium citrate acts on the acid in the stomach, converting it into sodium chloride, and thus markedly reduces the “available hydrochloric acid.” Barley water seems to have no constant effect upon the chemistry of gastric digestion in the infant. The type of infants who vomit persistently may be divided into two classes, defective and excessive acidity. Test feedings should be given to this type of infants to determine to which class they belong. A 5 per cent. milk-sugar solution seems to be the most satisfactory feeding to determine fine differences in the gastric

contents. This may be followed by a mixture of milk, one part, water, two parts, to determine to what extent the gastric glands are capable of responding to stimuli. For the lactose solution thirty minutes is the most satisfactory time to allow the feeding to remain in the stomach; for the milk mixture sixty minutes. On purely theoretical grounds it would appear that when the acidity is low either small doses of alkalies or of hydrochloric acid are indicated, while in excessive acidity sodium citrate holds out the best hope of benefit. Protein digestion in the infant's stomach is slight and is proportional to the amount of hydrochloric acid in the organ.

PELLAGRA.—The *New York Medical Journal* says: A movement has been started by the physicians of Meridian, Miss., to bring before the medical profession of the state the fact that pellagra prevails in Mississippi and seems to be increasing. They believe that many cases of the disease are being treated as eczema or other skin diseases, and it is their purpose to discover all such cases and collect as many facts relating to the disease as possible. If investigation proves the correctness of the theory that pellagra is due to eating mouldy or musty corn, an effort will be made to get the state legislature to pass a law requiring the inspection of all grain brought into the state. The United States Marine-Hospital Service has already taken up the matter and has sent out a good deal of information about pellagra. There has also been an outbreak of the disease in the State Insane Asylum of Illinois, at Peoria, and, on the request of the health authorities of the state of Illinois, Captain Joseph H. Siler, of the Medical Corps of the U. S. Army, has been ordered to visit the asylum for purposes of consultation and observation.

PRIVATE HYGIENE.—Private hygiene means a revolution in our habits of living. It means fresh air perpetually flowing through our houses and more of our lives spent out doors. It means common-sense in diet—the avoidance of bolting food, from which dyspepsia springs, and the re-education of normal food instincts, the avoidance of gluttony on the one side, and body starvation on the other, the avoidance of alcohol, the most potent of the predisposing causes of tuberculosis, and the avoidance of dirty, infected milk and meat. It means the “simple life,” free from over-exertion on the one hand, and indolence on the other; the habit of normal sleep, and the emancipation from worry.

In giving this prescription, Dr. Trudeau once said to me: “It is as simple as bathing in the waters of Jordan, and that is why people

are so slow to follow it."—From Professor Irving Fisher's "The War Upon the Great White Plague" in the *September Century*.

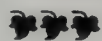
THE WAY OF THE REFORMER.—Every new truth which affects life must pass through a period in which it is hated before it attains the period in which it is loved. What people dread is change; what they wish is to be let alone. They will kill the reformer, if they can, and only those reformers who refuse to be killed, but who for years together go on savagely, patiently, tenderly reiterating the same message, in the end have their way, and are believed.—From Rev. Elwood Worcester's "The Emmanuel Movement" in the *July Century*.

METHOD FOR CUTTING AWAY PLASTER-OF-PARIS DRESSINGS.—The *New York Medical Journal* quotes this from a German contemporary: Neumann places beneath the plaster bandage a steel wire that extends a little distance beyond the dressing at each end. When it is desired to remove the dressing one end of the wire is seized with a suitable instrument and made to cut its way out.

CURRENT LITERATURE OF INTEREST TO NURSES

New York Medical Journal, September 4, "A Brief Consideration of the Contagious Theory of Tuberculosis," John Black White, M.D.; September 11, "The Administration of Anæsthetics"; September 25, "Prevention and Cure," Beverly Robinson, M.D. *Medical Record*, September 4, "The Convulsions of Whooping-cough," Editorial; September 11, "The Medical Management of Degenerate Children," Robert H. Porter, M.D.; September 18, "Anæsthesia in the Control of Inflammation," John H. Wainwright, M.D.; September 25, "Simpson and Chloroform," Victor Robinson. *Maryland Medical Journal*, September, "The True Function of the Tuberculosis Nurse," Mary E. Lent. *Journal of the American Medical Association*, September 18, "The Relation between the Science and Art of Infant Feeding," Henry Dwight Chapin, M.D.; "Tuberculosis Exhibit Cabinet," Frank B. Wynn, M.D.; September 25, "A New Type of Phthisiophobia," Adolphus Knopf, M.D.; October 2, "An Improvised Anæsthesia Cone," C. T. A. Hottendorf, M.D.; "The Prevention of Contagion"; October 9, "Diet in Typhoid Fever," Warren Coleman, M.D.; "Prevention of Malaria," Seale Harris, M.D.; "Massage in General Medicine," John K. Mitchell, M.D.; "Care of the Mouth," "Cold in the Head." *McClure's Magazine*, July, "Beer and the City Liquor Problem," George Kibbe Turner; "The Fly, the Disease of the House," E. T. Brewster; August, "The Story of an Alcohol Slave."

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

STERILIZATION OF UTENSILS

DEAR EDITOR: Will some one tell me what she considers the best method of sterilizing and keeping sterile rubber gloves? Has any of the superintendents of our hospitals any suggestions to offer as to the best way to keep the pans, trays, pitchers, and other enamelled utensils, used in operating room work, perfectly sterile for use at a moment's notice? The method used here is after cleansing to immerse in 1:1000 bichloride and allow to remain until used, but this is eating our pans in small holes where the enamel has been chipped and I can think of no easier and better way at present. Our hospital is a small one, has but limited help and resources, still must be the emergency hospital of this section. Any suggestions would be appreciated. T. M. M.

"PROFESSIONAL" NURSE AND "TRAINED" NURSE.

DEAR EDITOR: May I be permitted to suggest that the old term of "trained" nurse, give place to that of "professional" nurse. A great number of the laity do not or will not recognize nursing as a profession. It is therefore our duty to make use of every means of bringing it to their notice. We are professional women just as doctors are professional men. Why should we be spoken of as "trained" nurses? Certainly I realize that we have been through a training school, but after having graduated from that school, can we not have some other appellation than that of "trained" nurses? We read of trained animals—trained horses, trained lions, and trained bears; can we not have some other name than that which is given to animals?

MARGARET M. McCLOSKEY.

ALCOHOL BATHS

DEAR EDITOR: Is it good form for nurses to give alcohol baths without an order from a physician? I remember, even in the old alcoholic days at Bellevue, of a nurse being severely criticized for giving one to a child. Some nurses rub their obstetrical cases with alcohol every night, whether the patients like it or not. One patient of mine expressed great gratification when she found that I was not going to make her take a rub, as a former nurse had, and in that case it certainly was not ordered by the doctor.

I am stirred to ask this question by a letter recently received from a lady physician expressing pleasure at the interest that nurses are now taking in teaching the danger of unprescribed use of alcohol and other narcotic drugs, as shown at the June meetings. She says: "I appreciate how much influence a nurse has in creating sentiment in this direction. I find so commonly that

they prescribe and give alcohol baths. In one case to which I was called, a babe was unconsciously drunk from an alcohol bath which a nurse had prescribed. Again I have found that nurses advise the prospective mother to have a bottle of brandy in her obstetric outfit.”

E. BERTHA BRADLEY, R.N.

[It goes without saying, in the JOURNAL and everywhere, that no properly trained nurse uses medication of any kind without instruction from the physician, unless she is so familiar with his methods that she knows she is privileged to use certain remedies without consulting him each time.—EDITOR.]

NECESSITY FOR STATE REGISTRATION

DEAR EDITOR: I would not care to be without this valuable magazine; it brings light to many, keeps us informed as to what our sisters are doing in distant parts, also enlarges our experience by hints and side lights thrown on the nursing profession.

Why do so many nurses disclaim the necessity for state registration? Only a few days ago I called at the office of the nurses' registry, and the gentleman in charge threw back his head with a flourish, saying, "State registration for nurses does not amount to anything, isn't worth a cent," and this registry is considered the most flourishing and the best conducted in the city. I have had my name in this registry a year or more and have received a call but once and then was absent on another case. I really would like to see and hear of nurses looking forward to state registration with more vim.

R. L. S.

[Where nurses permit their registries to be conducted by men or women whose interest in nursing affairs is only commercial, we may expect to find state registration and every movement for nursing progress being discounted upon every occasion.—EDITOR.]

THE EXPENSE OF CONVENTIONS

DEAR EDITOR: Perhaps it will never fall to our lot again to be so royally entertained, as those happy mortals were who attended the congress of nurses in London, but the editorial in the October JOURNAL touched lightly on the matter of the extra expense incurred in the presentation of flowers. We were all glad to join, but it *was* an expense, and those same delightful entertainments also called for good clothes, and many regretted that they had not come better prepared, and made up their minds not to be caught napping in that respect again. But it was the one thing only that we felt inclined to criticize, the need for greater simplicity. The nurse in private duty is not equipped for elaborate ceremonies, and yet is unwilling to submit to being less well gowned than those she expects to meet, and so, though travelling as a tourist, she will calculate to include one or more evening gowns, as well as another suitable for an afternoon reception. The little French nurses, as well as the Swedish contingent, were quite to be envied in their national costumes, which distinguished them at all times and carried them everywhere. We appreciate being entertained, but we need to combine it with greater simplicity, and we are in hearty agreement that cigarettes are better noted by their absence at any assemblage of nurses. "ONE OF THE HAPPY MORTALS."

THE GUILD OF ST. BARNABAS

I.

DEAR EDITOR: My attention has been called to an article appearing in the October number of the *AMERICAN JOURNAL OF NURSING*, pretending to quote Rev. Lewis G. Wood, and reflecting on the Guild of St. Barnabas for Nurses.

I regret that I was not able to be present at the meeting referred to, and I have no knowledge of what was said except as it is told to me.

I called Mr. Wood's attention to the quotation, and he says:

"I am grieved at such a misrepresentation of my sentiments and statements regarding the Guild of St. Barnabas for Nurses; suffice it to say, that I have never made any statement that could possibly be construed as inferring that the Guild of St. Barnabas has revolutionized the social status of the profession at large. Nor have I said that the nurses were social outcasts."

By giving the above the same publicity that the statement referred to received, you will be doing a favor to the Guild of St. Barnabas, and oblige,

Yours very respectfully,

ANNIE H. B. HOWE,
Secretary-General.

II.

DEAR EDITOR: Does the disgruntled ex-member of the Guild of St. Barnabas ever stop to consider that nurses, like other mortals, get out of the Guild what they put into it? I, too, am a recalcitrant member of the Guild, but received from it more than I gave it, for I did enjoy the services and I never gave anything to make them possible.

If a well-intentioned priest does make a break in referring to our social inferiority of ten years back, why should that disturb us? "*Honi soit qui mal y pense*" (Evil to him who evil thinks). By joining the Guild, if the social advantages are all that appeal to us, don't we expose ourselves to just criticism and patronage? Do many of us really try to live up to the obligations our membership imposes upon us? So few nurses of my acquaintance have ever done anything but criticize the Guild, and it appeals to so few of us, that something must be wrong, but can we be sure that the fault lies entirely with the Guild? It would be interesting to hear from nurses to whom the Guild really means something.

A PRESENT MEMBER OF THE GUILD OF ST. BARNABAS.

III.

DEAR EDITOR: Was it quite necessary for a "Former Member of the Guild of St. Barnabas" to start any discussion as to the social advantages of being a member, unless, indeed, she intends to rejoin? It must be remembered that the objects of the Guild are twofold, "religious" and "social,"—Article II, Section I of the constitution,—and that though there has never been the expectation of "revolutionizing the social status" of any of its branches with which alone it can be concerned, the greater number of members must feel that the social element that has been brought into their lives, through the contact with the associates, has led the way to much pleasant intercourse and

many social times that in all probability would never have occurred had it not been for the society, and that without doubt Mr. Wood's meaning of the words "social outcasts" was not the "cast-outs" of society but the "left-outs." It is so little possible for nurses to mix in general society, on account of the uncertainty of their time and their general preoccupation, but the informal receptions and hearty welcome when able to attend have drawn many together, where all are known to each other, when, most probably, attendance at more formal gatherings would be out of the question. Is it not a little needless to be looking for trouble when it is so self-evident that those most interested are only striving for the best means of lightening and brightening the lives of those who not only carry their own burdens but share those of so many others?

"A MEMBER FOR MANY YEARS."

IV.

DEAR EDITOR: The Guild of St. Barnabas for Nurses in this country was established by Luther Osborne, of Boston, in 1886. At that time I think I am right in saying that there was no organization of nurses of any kind in the United States. This was the pioneer; and, under its founder and leader, with the associates whom he gathered round him, it blazed the trail and made more easily possible the other associations—club, *alumnæ*, etc.—which we so greatly value. It is, as it were, the *alma mater* of organized nursing life; and all nurses, whether members or not, owe it a debt of gratitude which it is unbecoming to forget.

What has the Guild done for the social life of nurses? It has done a great deal in giving birth to organization. The nurse as a solitary unit has no voice or influence except in the limited circle of people whom her life touches; as an integral part of an organized body of trained women earning their living in the community, she has both voice and influence in matters philanthropic, civic, and political.

In regard to social position in a more restricted sense, when a nurse is on duty her relationships are not social, but professional. The position of the professional servant is not always an easy one, but I think it would be much simplified if the nurse always carried in the back of her head the clear conviction that her relations with the patient and household are primarily professional. The majority of people treat us with courtesy; there are those who do not, but perhaps they call for our pity and not our resentment.

When a nurse is not on duty her social position depends upon herself. If she is a lady, to be a nurse will not hinder her the least little bit. If she has not "that imaginable, though well-understood something, which we know as breeding," well, we cannot say that to be a nurse will not help her. Her training will have stimulated that capacity which Dr. Weir Mitchell calls "the American woman's wonderful power of self-development," and that development will be still more furthered by intercourse, on a common footing, with other women in the Guild, the club, or the *alumnæ* association.

I came to Boston from a distance and did not know any one outside of the hospital. I joined the Guild while a pupil; and I was immediately brought in touch with gracious and cordial people, living in an atmosphere of cultivated leisure, which contrasted pleasantly with the arduous environment of the hospital. When they talked with me and invited me to their homes, it did

not occur to me to think that they were patronizing me. I just thought that they were lovely people who were giving me an opportunity of social intercourse that I could not otherwise have had as a stranger in a strange city. Perhaps if I had gone round with a chip on my shoulder, in demonstrable fear of patronage, they would not have been so nice to me.

I have nursed for nearly twenty years. I don't think my social position has been revolutionized, but I do think that my social opportunities have been wonderfully widened; and I think that, in a measure, this is due to the Guild of St. Barnabas. Let us give honor where honor is due.

SUSAN BARD JOHNSON.

CARE OF THE MIDDLE CLASS

DEAR EDITOR: The article by Miss Lightbourn, in the September number of the JOURNAL, attracted my particular attention because I wondered whether we were any nearer the solution of the problem than we were before. Even though the subject is threadbare, it does not seem to have advanced to a degree of real practical value. My opinion is that the solution should come from the public itself and not from the nurses, either as individuals or as a profession. The nurses do their share of giving unremunerated service while in training.

This much-talked-of class of people of moderate means, which the nurse is supposed to meet at her expense, is not by any means entirely genuine. Our dispensaries prove that most conclusively. The same woman who cannot pay a doctor for services, but goes to the dispensary will sit in a dollar seat at the theatre and wear the latest style dress and hat. Any plan or system based on any form of philanthropy is going to create more imposters and another form of dependency equal to pauperization.

There is only one true solution, to my mind, and that is insurance. Let some well-established insurance company solve the problem on a purely business basis. Why shouldn't people insure against sickness in that form as well as any other? There will be an opportunity to put a sliding scale into practice and to give people good nursing, as well as providing many nurses with steady employment, and all without charity or unnecessary self-sacrifice.

There are many ideas which come to my mind in connection with this view of the subject, but I do not wish to make this article too long. However, I cannot restrain my impatience at the way this question is constantly being "put up" to the nurses.

CHARLOTTE EHRLICHER.

FROM AN OLD SUBSCRIBER

DEAR EDITOR: It would not be possible for me to tell you how much I value the JOURNAL. I was at the Associated Alumnae meeting nine years ago, when the JOURNAL was started, and think I have had every one issued, but not always in my own name, as a friend and I have exchanged. There is no periodical which I should miss more and I hope the time will never come when it will not be possible for me to have it.

If I were as ready with the pen as some and could make it interesting, I should like to tell something of the work here.

C. D. M.

A NURSES' REGISTRY NEEDED

DEAR EDITOR: Is it customary for a nurse desiring private nursing, in a town where she has been employed in a hospital, to call on the physicians and leave her card? There is no nurses' registry here. M. F.

[We think this is a perfectly legitimate method of making oneself known to the doctors, and one which many private duty nurses employ in going to a new place.—EDITOR.]

ROOM FOR DESIRABLE APPLICANTS

DEAR EDITOR: In the discussion following Miss Lent's paper on the "Organization of District Nursing," Miss Gardner is quoted as saying with regard to our school: "I think the Boston school is getting on very well, but they cannot take all the nurses they want to." The last part of the sentence is rather ambiguous. I really would like it understood that we can accommodate more than we have applicants for, *i.e.*, desirable applicants.

MARTHA P. PARKER,

House Superintendent, Instructive Visiting Nurse Association, Boston.

SKIN DISINFECTION WITH IODINE.—Dr. Charles Jewett says in the *Medical Record*: The procedure as practised by Grossich is as follows: Some hours before operation the operation field is shaved dry and is then painted with a 10 or 12 per cent. tincture of iodine. No water or other liquid than the iodine tincture must be permitted to come in contact with the skin. The surface is covered with a dry sterile dressing. On the operating table shortly before the first incision the painting is repeated.

In my own work care is taken not to wound the skin in shaving, and unnecessarily, perhaps, the field has usually been cleansed carefully about twelve hours before the iodine preparation with soap and water and a gauze compress, shaved, dried, and protected with a dry sterile covering. The process is so simple that even an inexperienced nurse can scarcely go astray in carrying it out.

The tincture of iodine should be especially prepared for the purpose and should be kept in a bottle well stoppered with a rubber or glass stopper to maintain the due proportion of iodine.

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL

ADDRESSES WANTED FOR THE SUPERINTENDENTS' SOCIETY

Will Miss Graham H. Coppin, Miss Millicent Schaar, and Miss Winifred W. Atkinson be so good as to send their addresses to the secretary of the American Society of the Superintendents of Training Schools for Nurses, M. H. McMillan, Presbyterian Hospital, Chicago?

Miss McMillan has unfortunately lost these addresses and wishes to communicate with them in regard to their applications for entrance into membership.

CONTRIBUTIONS TO THE JOURNAL PURCHASE FUND TO OCTOBER 13, 1909

To contributions previously acknowledged.....	\$353.50
Ellen V. Robinson	\$25.00
Annie W. Goodrich	25.00
Dorothea M. McDonald	10.00
Genevieve Cooke	5.00
Jane A. Delano	25.00
S. Margaret Thomas .....	.50
National Homœopathic Hospital Alumnæ Association.....	25.00
	115.50
	<hr/>
	\$469.00

ANNA DAVIDS, R.N., Treasurer,
128 Pacific Street, Brooklyn, N. Y.

THE NATIONAL ASSOCIATION OF COLORED GRADUATE NURSES held its second annual convention in Boston, August 24-26. Subjects of interest to the profession were discussed and many interesting papers were presented. The president's report showed that there are five hundred colored graduate nurses in the country. As the association has a membership of only 68, there was much discussion as to how it is to be increased. Local branches are to be organized for this purpose and to report on any other matters of interest. Officers elected were: president, Martha M. Franklin; vice-presidents, Mrs. Mary R. Tucker, Miss Greenwood; recording secretary, Mary F. Clarke; corresponding secretary, A. Lottie Marin, 66 West 134th Street, New York City; treasurer, Adah B. Samuels. The next convention will be held in Philadelphia in August, 1910.

The members of the association appreciated greatly the delightful entertainment provided by Boston's citizens, especially the visit to Long Island City Hospital planned by Mrs. Alexander Wright and aided by the courtesy of Miss Chisholm and her assistants.

MASSACHUSETTS

Malden.—THE MALDEN HOSPITAL ALUMNÆ ASSOCIATION held its first annual meeting on October 5 and elected the following officers: president, Mrs. Harriet Carter; vice-presidents, Mary S. Paton, Jane Russell; treasurer, Annie J. Mitchell; secretary, Leona S. Mellish; executive committee, Fannie Burnham, chairman, Annie Nicholson, Grace Selkirk. The next meeting will be held at the residence of the president, Mrs. Carter, 17 Wedgewood Street, Everett, on November 2, at 3 P.M.

CONNECTICUT

New Haven.—THE CONNECTICUT TRAINING SCHOOL ALUMNÆ ASSOCIATION holds its regular monthly meeting at the nurses' dormitory on October 7. Ten members were present who were pleased to have with them their president, Flora Hartensten, after a serious illness of seven months. Reports were read from the chairman of the endowment, and from the delegates' fund. Miss E. Payne, 1204 Chapel Street, will receive contributions for the fund from any graduates of the school, any sum large or small being acceptable. Some graduates are giving twenty-five cents a month, others a dollar a year. This method was thought best for the present rather than to solicit from the public. A committee of three was appointed to amend the present by-laws and to report at the November meeting. The illness of Alice Dougerty and of Mattie Wark was reported. Five new members were received. The association would be glad to have from members too far away to attend the meetings letters, greetings, comments, suggestions, or a paper that might be beneficial.

NEW YORK

New York.—THE NEW YORK CITY TRAINING SCHOOL held its graduating exercises on October 21 at the nurses' home on Blackwell's Island.

AMY E. POPE has returned from Porto Rico and is in charge of the new nurses' home at Bellevue.

Brooklyn.—THE BROOKLYN HOSPITAL ALUMNÆ ASSOCIATION held its first meeting, after a vacation of three months, on October 5, the president presiding. Little business was transacted beyond hearing a report of the sick benefit committee and the consideration of one application. The registrar's report of the club-house is encouraging.

THE METHODIST EPISCOPAL HOSPITAL ALUMNÆ ASSOCIATION resumed its regular meetings at the hospital on October 13. Twenty members were present. At a previous meeting it had been decided that the alumnae should affiliate with the state branch of the Red Cross. The secretary reported that the application had been accepted.

Ogdensburg.—KATHERINE CALLAHAN has been appointed to a position recently created by the State Commission in Lunacy and the Civil Service Commission, namely, that of superintendent of the Training School for Nurses, at St. Lawrence State Hospital. Miss Callahan, after completing her collegiate education, took a course of training in a state hospital for the insane, and has served about six years in the Ogdensburg City Hospital, where as superintendent of nurses she organized the training school.

Syracuse.—THE HOSPITAL OF THE GOOD SHEPHERD NURSES' ALUMNÆ ASSOCIATION resumed its meetings on September 30, with a large number

present and much interest manifested. Anna E. Lawrence was elected a director to fill the vacancy caused by the resignation of Irene M. Johnson, now at Memorial Hospital, Niagara Falls. Anna E. Lawrence and Alice Dougall were appointed delegates to the county to represent the association at the New York state meeting. Fifteen new members were received, eleven of whom are registered nurses. Dr. H. G. Doust gave an interesting paper on the tuberculosis movement in the city.

Dansville.—THE JACKSON HEALTH RESORT graduated a class of seven nurses on the evening of September 30. The evening before the final exercises a beautiful dinner was given the class at the home of Dr. and Mrs. James Jackson, at which the nurses and members of the medical staff were the guests and where speeches, poems, prophecies, etc., were given. At the graduating exercises, the report of the school was given by Miss Hilliard, superintendent of nurses, the address to the class by Miss S. F. Palmer, of Rochester, the Hippocratic Oath was administered by Dr. Arthur Jackson, and the diplomas presented by Dr. Gregory. The evening after the graduation a special musical program was given by Mr. George Frank Spencer, the professional entertainer of the Sanatorium, the special feature of which was the recitation of Tennyson's "Enoch Arden" with a musical accompaniment. The large audience attending these exercises was composed of guests of the sanatorium from all parts of the country.

Rochester.—THE MONROE COUNTY REGISTERED NURSES' ASSOCIATION held its monthly meeting on the afternoon of September 28 in the nurses' home of the City Hospital. Mrs. Hanna, a member of Bellevue's first class, gave reminiscences of her days of training; Miss Decker described the Hospital Economics Course; and Miss Keith told of the meeting of the American Hospital Association. It was decided to unite with the other nurses' associations of the city in inviting the New York State Association to hold its meeting next year in Rochester, also to co-operate with the other women's clubs in the city in entertaining the State Federation of Women's Clubs this year.

MISS DECKER, a graduate of the Hospital Economics Course, has taken charge of the nurses' home at the City Hospital and will act also as instructor. Marie T. Phelan, a graduate of the City Hospital, has been in Baltimore during the summer filling the position of playground nurse. Isabel Toohill, a graduate of the Homœopathic Hospital, who has been in charge of the social service department of the hospital, has resigned to be married. Her place is filled by Ida Anderson. Allie Clark, class of 1908, Homœopathic Hospital, has accepted the position of night superintendent at the Albany Homœopathic Hospital.

Buffalo.—THE NURSES' ASSOCIATION holds monthly meetings from September until June, the first for this season having been held on September 6, at the Woman's Union, 86 Delaware Avenue. It is hoped that all graduate nurses living in Buffalo may become members of the association. The officers are: president, Nellie Davis; vice-presidents, Mrs. Florence Mann-Brodie, Mrs. Aurelia J. Martin; recording secretary, Margaret Kamerer; corresponding secretary, Mary Jayne Cole, 663 Main Street; Federation secretary, Mary Barta; W. Fed. secretary, Maude Beach Crary; treasurer, Mary E. Warren, R.N. The chairman of the Press Committee is Mrs. Gertrude Weaver Boyd, and of the Sick Visiting Committee, Mrs. Brodie. The association has a membership of 141; it was organized in 1895.

NEW JERSEY

Englewood.—THE ENGLEWOOD HOSPITAL NURSES' ALUMNÆ ASSOCIATION resumed its regular meetings on October 6, in the nurses' reception room of the hospital. Ten members were present, and three new names were accepted. An amendment to the by-laws was seriously discussed and laid over until the January meeting. Other business was transacted satisfactorily. The meeting was adjourned until November 3.

Orange.—ELIZABETH EVANS, of the Orange Training School for Nurses, is at the Ancon Hospital, Canal Zone, Panama. Kate Baker has been appointed district nurse in Honolulu and finds her surroundings very congenial.

DELAWARE

Wilmington.—THE DELAWARE ANTI-TUBERCULOSIS SANITARIUM has appointed as superintendent Ada Adams, of Malden, Mass., graduate of the Massachusetts General Hospital and also of a graduate course in hospital administration.

PENNSYLVANIA

McKeesport.—THE ALUMNÆ ASSOCIATION OF THE MCKEESPORT HOSPITAL held a meeting at the home of the secretary on October 6; two new members were admitted. Business was followed by a social hour.

DISTRICT OF COLUMBIA

Washington.—THE COLUMBIA AND CHILDREN'S HOSPITALS ALUMNÆ ASSOCIATION has elected as officers: president, Edith Corbett, Arlington, Va.; vice-president, Priscilla Page; treasurer, Cora Kibber, The Carolina, Washington, D. C.; secretary, Susie A. Martinnas, 1908 F. Street, N. W.

AGNES JAMES has been appointed assistant superintendent of the Episcopal Eye, Ear, and Throat Hospital, Washington, not of the Jewish Hospital, Cincinnati, as was stated in the October JOURNAL. Miss James is a graduate of the Jewish Hospital. Misses Bovell, Brown, and Bertalette, who were reported as appointed to staff positions of the Jewish Hospital are, instead, staff nurses of the Eye, Ear and Throat Hospital, and Miss Brown and Miss Bertalette are graduates of the Capitol City School of Nursing, not of the George Washington Hospital.

OHIO

Cleveland.—THE CHARITY HOSPITAL graduated a class of eleven nurses on the evening of September 22. Dr. T. A. Burke made the introductory remarks. Rev. Francis Moran, D.D., the speaker of the evening, delivered an earnest and helpful address to the graduates, Rev. A. B. Meldrum, D.D., presented the diplomas, and Dr. F. E. Bunts presented the class pins to the graduates. Prizes were awarded to Anna M. Adams and Katharine G. Regan. The class motto was *Caritas benigna est*.

KENTUCKY

THE KENTUCKY STATE ASSOCIATION OF GRADUATE NURSES held its annual meeting in Louisville, June 29-30. The full report intended for the JOURNAL failed to be sent on account of a misunderstanding of instructions. The follow-

ing officers were elected: president, Mary R. Shaver, Good Samaritan Hospital, Lexington; recording secretary, Harriet Cleek, 476 East Main Street, Lexington; treasurer, Mrs. May Thompson, West Maxwell Street, Lexington; corresponding secretary, Amelia A. Milward, 234 Second Street, Lexington.

MICHIGAN

Detroit.—THE ST. MARY'S ALUMNÆ ASSOCIATION held a special meeting on October 4 in the amphitheatre to congratulate Mrs. Elizabeth Tacey, one of their members, on her appointment as a member of the state board of registration for nurses.

MINNESOTA

Minneapolis.—THE UNIVERSITY OF MINNESOTA has offered to admit probationers from the various nursing schools of the city to the classes and lectures of the preparatory course at the University Hospital.

THE MINNESOTA STATE GRADUATE NURSES' ASSOCIATION is considering the formation of one central society out of the local county and alumnae societies, with the object of lessening the fees.

ILLINOIS

Chicago.—ST. LUKE'S HOSPITAL ALUMNÆ ASSOCIATION has a summer cottage at Saugatuck, Michigan, for the use of its members who are ill or tired. Some of these are given the outing, where it is needed, others may have board at reasonable rates. Several members of the alumnae association have been abroad during the summer,—Harriet Fulmer, Mary Forbes, Mrs. Marshall, Miss Jacobi. Miss Mack came to the hospital on June 1 as one of the instructors.

AT THE ILLINOIS TRAINING SCHOOL an entertainment was given on the evening of September 24 for the benefit of the tuberculosis camp for nurses of the state association. It was well attended and much enjoyed. The proceeds were \$121.75. Grace Randolph, class of 1909, is doing visiting nurse work. Leslie Freligh, class of 1905, has accepted the position of superintendent of the Calumet and Hecla Hospital, Calumet, Michigan. Addie Mullin has resigned her position as superintendent of the West Side Hospital and will rest for the present.

Peoria.—THE DEACONESS HOSPITAL graduate nurses organized an alumnae association on the evening of October 9 at a meeting held at the nurses' home. The following officers were elected: president, Kathryn Selters; vice-president, Minnie Huey; secretary and treasurer, Lois Moore. After the business session a reception was given in honor of Mercedes Mavohl, retiring superintendent of nurses of the hospital, and Mary Charlesworth, of Kansas City, who is in charge of the hospital. Miss Mavohl goes to Los Angeles to engage in private nursing.

INDIANA

THE INDIANA STATE BOARD OF EXAMINERS OF NURSES will hold an examination Wednesday and Thursday, November 17 and 18, at the State House, Indianapolis. All applications should be in the hands of the secretary by November 10.

EDNA HUMPHREY, R.N., Secretary,
Crawfordsville.

Indianapolis.—THE INDIANA STATE NURSES' ASSOCIATION held its seventh annual convention on October 5-7 in the Y. W. C. A. hall. The invocation was given by Dr. Hurlstone, the address of welcome by Dr. Clark, president of the city Board of Health, the response by Miss Ott. There followed the president's address and the reports of the secretary and treasurer, the latter showing a balance in the treasury of \$121.37. Short reports from the heads of standing committees and from the affiliated societies were given, showing a slow but gradual growth. One afternoon session was held in the clinic hall of the City Hospital when a most interesting paper was given by Dr. Dodds, who has charge of the tuberculosis colony on the hospital grounds, on "Anti-tuberculosis Work in Indianapolis." Dr. Harriet Turner gave a demonstration in massage. Interesting papers read were, "The Nurse on Duty and Off," by Miss Marples, of Richmond, and "The Pure Milk Commission," by Miss Kissell, of Indianapolis, who was engaged in this work during the past summer. Communications and greetings were read from absent members and one from the national W. C. T. U., asking the association's co-operation in teaching the disease-producing effects of alcohol and other narcotic drugs. The convention unanimously endorsed the resolution passed by the Associated Alumnae on this subject. Upon the report of the delegate to the last meeting of the Associated Alumnae the association approved the pledge made of twenty-five dollars for the JOURNAL Purchase Fund, and a plea was made that individual members give at least fifty cents each to this fund. For some time there has been a question as to whether the association should hold two meetings yearly. It was decided to hold the annual meetings in Indianapolis and one meeting in each year in one of the seven districts of the state, wherever it is most needed. The report of the election will be announced later. The Indianapolis City Hospital Alumnae Association gave a reception on the first night of the state meeting; on the second night there was a theatre party.

THE INDIANA STATE SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES held its annual meeting on October 7, immediately following the state meeting. After a short business session two splendid papers were read: "Dietetics," by Dr. Graham, superintendent of the Methodist Episcopal Hospital, and a report of the meeting of the American Hospital Association, by Dr. Freeland, superintendent of the City Hospital. The officers elected were: president, Florence Martin, R.N., superintendent City Hospital Training School; secretary, Mrs. Lillian Edgerly, R.N., superintendent of the training school of the Indiana Soldiers' and Sailors' Home Hospital, Lafayette.

OKLAHOMA

Guthrie.—THE STATE ASSOCIATION OF GRADUATE NURSES held its first annual convention October 5 and 6. The papers on the program were: "The Need of Special Training in Children's Diseases in Modern Training Schools," Dr. Lelia Andrews; "The Nurse's Part in the Tuberculosis Campaign," Elizabeth C. O'Donnell; "A Point in Ethics," Olive Salmon; "Trained Nursing, Retrospect and Prospect," Mrs. Idora Rose Scroggs; "Registration, Its Aims and Its Hopes," Mrs. Cecelia Bogardus; "The Superintendent of the Small Hospital," Jewel Stafford.

Oklahoma City.—THE STATE BOARD OF NURSE EXAMINERS held its first meeting on October 4 and expects to be ready to register nurses by November 1.

The officers of the board are: president, Martha Randall, R.N., secretary, Mrs. Margaret H. Walters, Muskogee.

COLORADO

Boulder.—THE COLORADO STATE TRAINED NURSES' ASSOCIATION held its fall meeting in Gilbert Hall, September 29 and 30. The first afternoon was devoted to papers and reports of the delegates to the Colorado Federation of Women's Clubs and to the Associated Alumnae. At the close of the business meeting the members were invited to the Colorado Sanitarium for dinner, and in the afternoon were taken in a tally-ho up Boulder Cañon to the falls, where all enjoyed a picnic supper by the light of huge bonfires. The members feel indebted to the Boulder nurses for one of the pleasantest meetings in its history.

Denver.—THE CITY AND COUNTY HOSPITAL held graduating exercises for the class of 1909 on October 7 at the hospital. Addresses were given by Dr. H. P. McGraw, Dr. C. S. Elder, and Rev. R. B. Perry. After the Florence Nightingale pledge was administered, twelve nurses received their diplomas and pins.

Colorado Springs.—THE NURSES' REGISTRY ASSOCIATION held its regular meeting on October 6. One new member was received on probation. There were twenty-seven special, three personal calls reported for September. Dr. A. C. Magruder gave a most interesting and instructive address on the anatomy and physiology of the human eye, from the standpoint of the trained nurse, with practical demonstrations on the care of the eyes. This was much appreciated by those present.

EXAMINATION QUESTIONS, COLORADO STATE BOARD OF NURSE EXAMINERS

Anatomy (written).—1. (a) Name the three materials forming the skeleton of the human body. (b) Give use of each. 2. Name the bones forming the thoracic cavity. 3. Name the divisions of the spinal column, and give the number of bones in each. 4. Locate the ulna, femur, scapula, and sternum. 5. What are lymphatics? 6. State briefly what you know about the optic nerve. 7. Locate the radial artery and the sciatic nerve. 8. Give the principal divisions of the brain. 9. Describe the patella. 10. Name the two general divisions into which muscles are divided, and give example of each.

Physiology (written).—1. Describe the greater circulation. 2. How is the blood transferred from the arteries to the veins? 3. (a) What action does oxygen have on the blood? (b) What action do we get from nitrogen? 4. Name four of the secretions of the body, and name the organs secreting them. 5. Name the four principal excretory organs. 6. Define: *suppression, retention, reaction*. 7. If albumin is found in the urine, why is it a grave symptom? If sugar is present, why is it a grave symptom? 8. What is the cause of jaundice? 9. (a) What is the length of the alimentary canal? (b) Name its divisions. 10. What secretions act upon the food in the mouth, stomach, and intestines?

Hygiene (oral).—1. Define the terms: *hygiene, air, germicide*. 2. Name the essentials conducive to a healthy condition of the body. 3. (a) What are the relative proportions of oxygen and nitrogen in so-called pure air? (b) Which part is essential to human life? 4. (a) What is ventilation? (b) Give two methods of securing good ventilation of a sick room in cold weather.

5. (a) What would govern your selection of food for an invalid? (b) For a person in health? 6. State your method of disinfecting excreta from a typhoid patient. 7. What is your method of personal disinfection after nursing contagious diseases? 8. What officials have issued an order requiring merchants to screen foods that are displayed? Give reason. 9. (a) Is there danger in the use of foods put up in tin cans? (b) How can the danger be minimized? 10. Why is even a slight leakage from gas pipes so dangerous?

General Medical Nursing (oral).—1. Define: *crisis, lysis, hypostatic congestion*. 2. Name a disease where a crisis occurs. 3. What can a nurse do to prevent hypostatic congestion? 4. What would you do to prevent the formation of bed-sores? 5. How would you care for a bed-sore? 6. (a) Tell how you would apply a fly blister. (b) How would you know when it should be taken off? (c) Describe method of removal. 7. How would you care for the mouth and nose of a patient with typhoid fever? 8. Give directions, in detail, for giving an enema. 9. What is pulmonary tuberculosis? 10. (a) How would you care for a patient suffering from this disease? (b) How would you care for yourself?

Surgery and Gynæcology (oral).—1. Define: *sepsis, asepsis, antiseptis*. 2. What do we mean by surgical cleanliness? 3. How would you disinfect your hands, and instruments, for an abdominal operation? 4. Name three kinds of wounds, and give first aid for each. 5. Name three kinds of fractures. 6. Describe the making of carbolic, bichloride, creolin, and boric acid solutions. 7. What instruments and dressings would you prepare for removing the packing from uterus? 8. What care will you give a patient following perineorrhaphy? 9. Describe Sims's, knee-chest, and dorsal positions. 10. How prepare normal salt solution?

Obstetrics, Including Feeding of Infants (oral).—1. What is the function of the placenta or after-birth? 2. Give a list of an infant wardrobe. 3. What is puerperal infection? 4. Give a list of articles to have in the confinement room during labor. 5. What kind of food should an obstetric case have the first week following labor? 6. (a) State why cow's milk is more difficult of digestion than mother's milk. (b) Tell in what way cow's milk may be modified to give to a very young baby. 7. What is the appearance of a normal infant's stool? 8. Why is an obstetric case given an enema before advanced labor? 9. What would be a nurse's duty if alone with a patient during a post-partum hemorrhage? Tell when and how to massage a patient's breasts.

Materia Medica (written).—1. Define: *therapeutics, idiosyncrasy, physiological action, U. S. Pharmacopœia, alkaloid*. 2. Would you give alkalies and acids well diluted, or not? Reasons? 3. When would you give Fowler's solution? Why? 4. What is strychnine? What is it used for? 5. Give symptoms of, and treatment for, morphine poisoning. 6. Differentiate between morphine poisoning and alcoholism. 7. How would you pour medicine from a bottle? 8. Give the general rule for combining medicines for administration. 9. For what are the bromides used? Name the most common one in use. 10. Why is it necessary for a nurse to know the physiological action of drugs?

Dietetics (written).—1. Mention one good nutritive enema. 2. What is included under the head of liquid diet? 3. How do you make albumin water? 4. What is the appearance of healthy beef, chicken, fish? 5. How would you

feed a typhoid patient the first week he gets solid food? 6. Describe all the correct methods you know of preparing food for the sick. 7. What is important in cooking starchy foods? 8. What foods contain the most albumin? 9. If you wish to keep the juice in meat, how do you cook it? 10. Have you had any special training in dietetics? Of what did it consist? Name one book on dietetics. Do you own a book on dietetics?

Hydrotherapy and Massage (oral, elective).—1. Define: *hydrotherapy*, *massage*. 2. Describe two hydropathic methods of inducing sleep or quieting nervous patients. 3. Give in detail your method of giving a hot pack. 4. How would you give a foot-bath to a bed patient? 5. What effects are produced by massage? 6. What general principles do you follow in giving massage? 7. What precaution would you take in massaging a patient having fatty degeneration of the heart? 8. Designate two conditions where the use of passive exercise is indicated. 9. (a) What are concentric movements? (b) What are excentric movements? (c) How does heat affect muscles? 10. Give the mode of procedure in a case of sciatica of right leg.

Nursing Contagious Diseases (oral, elective).—1. State method of feeding an intubation case. 2. Tell all you know of antitoxin. 3. What other serums are now used in infectious cases? 4. Why is the skin of patients who are suffering from eruptive fevers anointed? 5. How do you prepare a patient to be released from isolation? 6. What are the initial symptoms of a smallpox case? 7. Describe some good, up-to-date method of fumigation. 8. What are the most dangerous complications in scarlet fever? 9. What do you know of the law of any state regarding quarantine? 10. What does a nurse prepare for a tracheotomy case?

Care of the Nervous and Insane (oral, elective).—1. Is it always necessary to take respiration when taking temperature of a nervous patient? Reasons? 2. Give main points in nursing care of a paralyzed patient. 3. What would you do for a patient in hysterical attack? Epileptic convulsions? 4. Differentiate Jacksonian convulsion from all others. 5. Name two conditions to be maintained in meningitis. 6. State mental requirements for nursing nervous patients. 7. Name different forms of insanity and describe two. 8. How would you meet delusions of insanity? 9. How would you nourish an insane patient who refused food? 10. How would you confine an insane patient in bed?

Bacteriology (oral, elective).—1. What is the origin of bacteria? 2. Name two pus-producing germs. 3. What is fission growth? 4. Why is it important to keep a wound, made by gun powder or a rusty nail, open? 5. What are toxins and antitoxins? 6. How long should water be boiled to kill the bacteria? 7. What are spores? And how do we kill them? 8. Define: *septicæmia*, *toxæmia*, and *pyæmia*. What is immunity—natural and acquired? 10. Why do we vaccinate?

WASHINGTON

Seattle.—THE KING COUNTY NURSES' ASSOCIATION held its regular meeting at the Registry on September 7. Mrs. Bessie Davis gave an interesting account of the work of the Anti-tuberculosis League. Dr. Maud Parker gave the first of a series of lectures on "Moral Prophylaxis." The annual meeting was held on October 4, the president in the chair. Reports of the September meeting and of the Executive Committee were read and approved. The Secretary's report of the year's work was read, also the yearly report of the registry.

The following officers were elected for the ensuing year: president, Mary S. Loomis; vice-president, Mrs. M. Irene Farrall; secretary, Miss L. MacMillan; treasurer, Mrs. C. F. Pearson; Executive Committee, Bessie Murphy, chairman, Margaret Rice, Josie Brown, Bertha Harris, Mrs. A. G. Green. Dr. Maude Parker gave the second of a series of lectures on "Moral Prophylaxis."

Hoquiam.—MISS S. MICKELJOHN has resigned her position as matron of the Hoquiam General Hospital.

CALIFORNIA

Los Angeles.—THE CALIFORNIA HOSPITAL NURSES' ALUMNÆ ASSOCIATION held its monthly meeting on September 27 at the directory rooms. After the business meeting, Miss J. Bice, superintendent of Clifton Hospital, Arizona, and Miss E. Thomas, superintendent of Morenci Hospital, Arizona, told of their work. Miss Sue Miller and Miss Kent told of hospital work in Hermosillo, Mexico, from which they have recently returned. The head nurses of the hospital gave a banquet in honor of Miss Lampman, the retiring superintendent of the training school. The hospital is trying the plan of a condensed daily paper containing the most important items of interest from the news of the day. This paper, which can be perused in ten minutes, is read aloud to the nurses during their luncheon, the object being to keep them informed of current events and to take their minds off petty hospital gossip.

PORTO RICO

San Juan.—THE PRESBYTERIAN HOSPITAL TRAINING SCHOOL FOR NURSES held its graduating exercises on the evening of October 1 in the Hugh O'Neill Memorial Presbyterian Church.

CANADA

Toronto.—IT IS CUSTOMARY for the medical students to have an opening lecture at the beginning of each session, consequently it was thought desirable this year that the training school of the Toronto General Hospital should follow this very excellent example. A lecture was presented by one of the university professors, Dr. J. T. Fotheringham, with Mr. J. D. Flavelle, chairman of the Hospital Trust, presiding. The choice of subject was left to the lecturer and consisted of a brief introduction, followed by a historical reference to the prototype of the present-day nurse, the objects of a course of training, character of training, and qualifications, viz., preliminary training, technical training, and non-technical training, physical, mental and moral. Invitations were sent out to those who were interested in the school, and the evening was voted to be an unqualified success.

MISSES ISABEL MOODY, HANNAH LAWSON, AND HELEN JONES, Toronto General Hospital graduates, who have for the last two years occupied positions in the Good Samaritan Hospital, Dawson, Yukon, have returned east. These nurses have been succeeded by Ida M. Burkholder, class of 1899, and Ida Beam, class of 1897. Mary A. T. Smith, class of 1909, will not be able to leave for China for another year, owing to the serious illness of her father. Mary Alice Smeeton, class of 1908, is at present taking the course in Hospital Economics in Columbia University, New York. Catherine J. Newall, class of 1908, has been appointed operating-room nurse in the Galt Hospital, Lethbridge, Alta.

BIRTHS

ON September 28, at San Francisco, to Dr. and Mrs. Robert Criswell, a daughter. This news will interest many eastern nurses who have met Dr. Helen Parker Criswell.

MARRIAGES

ON September 22, at Leland, Illinois, Ella Hazemann, graduate of Mercy Hospital, Chicago, to Frederic Ericson.

FLORENCE PATTON, class of 1905, Methodist Episcopal Hospital, Brooklyn, to Milton Wesley Phillips, of New York.

ON June 26, at Duluth, Minnesota, Bertha Kuehn, graduate of St. Luke's Hospital, Chicago, to Thomas P. Ranney, M.D.

ON October 12, at Newport, R. I., Annie Bishop, class of 1907, Hospital of the Good Shepherd, Syracuse, N. Y., to Edward James Trow.

ON October 5, at Auburn, N. Y., Olive F. Trimble, class of 1908, Hospital of the Good Shepherd, Syracuse, N. Y., to Alfred Drayton Jones.

ON September 28, Jeannette M. Gardner, class of 1902, Christ Hospital, Jersey City, to William Arthur Heatle, of Providence, Rhode Island.

ON July 18, at Chicago, Agnes Small, class of 1900, St. Luke's Hospital, Chicago, to Harvey T. Walter. Mr. and Mrs. Walter will live in Los Angeles, California.

ON October 5, at Northport, Ontario, Lucy Bowerman, class of 1895, Toronto General Hospital, to Mill Pellatt. Mr. and Mrs. Pellatt will live at 7 Wells Street, Toronto.

NELLIE M. REAGH, class of 1906, Illinois Training School, Chicago, to Wildrie F. Hynes. Mr. and Mrs. Hynes will live at the Westminster Hotel, Spokane, Washington.

ON August 14, at Stacyville, Iowa, Harriet H. Rolfe, class of 1898, St. Luke's Hospital, Chicago, to Thomas L. Dagg, M.D. Dr. and Mrs. Dagg will live at 1717 East 55th Street, Chicago.

ON September 15, at Bratford, Ontario, Anna Maude Tipper, class of 1906, Hospital of the Good Shepherd, Syracuse, N. Y., to George Felshaw Park. Mr. and Mrs. Park will live at 107 Elk Street, Syracuse.

ON September 8, at Seattle, Washington, Harriet McGregor, graduate of the Seattle General Hospital, to William B. Rice. Mr. and Mrs. Rice are both of Bellingham, but they will spend the winter in California.

ON September 16, at the nurses' home of the Jamaica Hospital, Ethel M. Christopher, class of 1909, Jamaica Hospital Training School, to Frederick Rickmeier. Mr. and Mrs. Rickmeier will live in Richmond Hill, N. Y.

ETHELYN BEARCE, class of 1904, Hahnemann Hospital, Chicago, to F. A. Patterson. Miss Bearce has held the position of superintendent of Mercy Hospital, Benton Harbor, Michigan, and of the Pullman Hospital, Pullman, Ill. Mr. and Mrs. Patterson will live in Chicago.

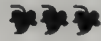
ON October 6, at St. Stephen's Church, Toronto, Hannah Hollingworth, class of 1888, Toronto General Hospital, to Daniel Hamilton. Miss Hollingworth held for many years the position of superintendent of the General and Marine Hospital, St. Catherines. Mr. and Mrs. Hamilton will reside at Beatrice, Muskoka.

DEATHS

IN August, at Bellevue Hospital, Ella Underhill, a graduate of Bellevue. Miss Underhill was at one time superintendent of the Schenectady Hospital, then for a short time in charge of the Mills School, later admitting clerk at Bellevue.

AN interesting and historical figure in the French nursing reform movement has passed away—Dr. Bourneville, whose part in the educational movement there has been described in the JOURNAL. His death occurred last June, but in the pressure of other material it was not recorded earlier in the JOURNAL. His was a personality of great uprightness, benevolence, and rectitude, and nurses owe him a debt for his long life-work.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

ANATOMY AND PHYSIOLOGY FOR NURSES. By Diana Clifford Kimber, Graduate of Bellevue Training School for Nurses; Formerly Assistant Superintendent of Nurses, New York City Training School for Nurses, Blackwell's Island, N. Y.; Formerly Assistant Superintendent, Illinois Training School, Chicago, Ill. Third Edition, revised by Charlotte E. Gray, R.N., assistant superintendent, New York City Training School for Nurses. Price, \$2.50 net. The Macmillan Company, New York.

Miss Gray, in her character of one-time pupil to the author, has without doubt qualities which fit her particularly for her work on the revision of Kimber's "Anatomy and Physiology," but in spite of such advantage the most casual reader cannot fail to recognize the great loyalty and clever ingenuity exercised in retaining the character of the original book unchanged while altering the text to the extent required to keep pace with the advance of time since its first appearance fifteen years ago. Miss Kimber, to the regret of all who knew her work, as well as her many personal friends, has forsaken the field of nursing and has been claimed by another vocation which admits of no partition of her talents. While we mourn her departure, we count our blessings, and among them reckon her choice of a literary executor, for we feel sure that no one could have better brought the work in line with the present teaching without destroying its original form and characteristics.

The "Anatomy and Physiology" when it first appeared in 1894 was a new departure in nursing literature, the first declaration of the need of special text-books for nurses' schools written by nurse teachers, with the exception of Dock's "Materia Medica," which had appeared two or three years earlier. Since that time the idea has been pretty generally accepted that the teaching in the nurse schools is a matter no less important than the practical work, and that the efficiency of the latter depends wholly upon the former.

The new edition contains a great quantity of new matter, notably a preliminary chapter on "Physical, Chemical and Biological Definitions with Explanatory Notes"; a re-writing of the chapter on the "Nervous

System," by H. D. Collins, M.D.; much new matter in the chapter on "Special Membranes and Glands," and a summary which has been added to each chapter which the reviser recommends to the attention of both pupils and teachers, the idea being that it may be used as a skeleton outline for the lesson while the text may be used for reference. There are sixty new illustrations, some of the older plates and cuts having been replaced by those new and up to date. The book retains its old personality to a really wonderful degree when one considers how many and radical are the changes made since the original appeared. It goes without saying that no recommendation is needed for a book which is used in every nurse training school in the country and equally useless is it to wish it success when one and all know how it has succeeded but all the same we welcome the reappearance of an old friend and wish it well.

THE WINNING CHANCE. By Elizabeth Dejeans. J. B. Lippincott Company, Philadelphia and London.

As set forth in this tale the "winning chance" is conspicuous by its absence, the unfortunate heroine never having had the ghost of a chance. Her birthright is the nature inherited from a weak and vicious father, a gentle and alas equally weak mother, circumstanced by a childhood and girlhood of modest luxury. She is still a "young girl" when we find her seeking work as a stenographer in a stock broker's office. She is absolutely without business training, but she expects to be able by her own unaided efforts to earn money to support her widowed, blind and invalid mother, her invalid and almost insane cripple brother, as well as herself. Her first employer, who is, by the way, the man who had aided her father to accomplish so completely his own ruin and that of his family resources, finding very soon the limits of her usefulness on his clerical staff, proposes to her that there are other and more profitable terms by which she may continue in his service. Up to this time she had gone forth strong in the courage of ignorance. "*That men were given their strength to protect weakness, not to prey upon it*, had been a part of her creed. That henceforth she must go armed, not only to win her daily bread, but also to keep unsullied her womanhood, was a new thought to her."

Her second situation puts her into more favorable surroundings, in that her employer is a man of much nobler type than her former one. But even under improved conditions, life she finds is beset by dangers when it carries one by its currents beyond the shelter of a safe home. It would seem to be the writer's idea to show how impossible it is for young women to go out into the world and earn an honest living. Again conditions become perilous—the girl is given the choice of her mother and

brother suffering and starving or of selling herself, and after a bitter struggle she sacrifices herself.

The book is advertised as the "big problem of the American girl." To the reviewer it is more the problem of American money. Is it possible that the power of money is irresistible? Or it might be called the problem of the American man. Leo Varek personifies strength, and unopposed power and selfishness. Big in the biggest sense of the word, yet in his monumental selfishness absolutely believing in his right to sacrifice the girl because she is defenceless and in his power. It is hardly clear whether or not the author meant to call attention to the conditions under which young and ignorant women are placed when they start out to earn their bread—it seems rather that this were accidental and that she merely placed her characters where they are for the purpose of securing dramatic incident and vivid contrasts, action, and movement. Whatever her intention she has put the question—How are our young women and girls to work side by side with men without losing every accepted attribute of the sex? We are told of certain heathen peoples who anticipate and forestall economic difficulties by destroying superfluous female babies at birth, a practice regarded with horror among Christian folk, and yet the crude method of the heathen seems more merciful than condemning these same girls to a life of indignity and shameful slavery. In the case of the heroine, however, she was not one of the superfluous, she had two lives beside her own to support, a task equal to any man's, and moreover she was by her training or the lack of training fitted to any other than the business life. The author does not point her moral as keenly as one expects. Varek pays, to the uttermost farthing, because as he grows to love the girl he realizes how he has degraded her and he suffers in proportion, but the girl is able to begin a new life which bids fair to be happy ever after, thus giving her the privilege which has universally been accorded to men but hitherto denied to women. One feels regret that this book will not be read by business men as it would be interesting to hear how they regard the situation.

A REFERENCE HAND-BOOK FOR NURSES. By Amanda K. Beck, Graduate of the Illinois Training School for Nurses. Second Edition. Price, \$1.25 net. W. B. Saunders Company, Philadelphia and London.

Miss Beck's little hand-book which has been reviewed in these pages in its first edition, now appears in a second edition with the old material carefully revised and much new matter added, including various illustrations and plates; also quaintly enough there is a complete list of foreign and domestic postal rates. The book belongs to the list which appears in flexible crimson leather binding with gold lettering.

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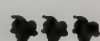
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EDITORIAL COMMENT



CENTRAL REGISTRIES AND THE IDLE NURSE

RECENTLY at a little gathering of kindred spirits at a Sunday night tea, one of the problems which crept into the conversation was that of the newly graduated nurse, leaving the hospital without money after her long term of service, with oftentimes many weeks to wait before securing her first case. At the same time instances were cited of nurses in our own city who for weeks must remain idle during the long summer and fall season when the health of the people of this community is especially good.

We seem to see in the various directory discussions which have taken place during the past year a possible solution of such problems of the private nurse. For instance, at the annual meeting of the New York State Nurses' Association, held in New York in October, the motion was carried that the incoming president should appoint a committee to investigate and report on the feasibility of establishing a central directory for nurses of the state of New York. In Maryland, a state registry means practically a Baltimore registry. In a state like New York, a state registry should mean more than service to the nurses of New York City.

We seem to see in the dim future a network of central registries through all the states,—one central headquarters established by each state association and under its direction and supervision, with a ramification of county registries reaching out to all the larger centres, each to cover a prescribed territory, with an interchange of information and credentials by which nurses from the idle sections can be transferred to places where they are especially needed, and where an established

club-house or hotel will make such a transfer simple and inexpensive for the nurse. This would give her a change of environment and oftentimes of climate, two factors so essentially important in the maintenance of health and enthusiasm. Then, to carry out Mrs. Robb's suggestion, these same centres would become the natural recruiting agencies for the Red Cross, for the army and navy, and for every form of institutional or social position.

We believe we are on the verge of such a movement, that the success of such registries as those controlled by the Boston Nurses' Club, the graduate nurses' associations of Washington, Cleveland, Toronto, and other cities, and of the splendidly thought-out plan about to be put into operation in Maryland, described by Miss Martin at the New York state meeting and given in this issue, justifies the taking of definite steps throughout the whole country in establishing such a chain of registries.

The one great stumbling block in all the registry discussions heretofore has been the unwillingness of small groups of women to trust one of their members for the impartial administration of the affairs of the registry, and the plan submitted by Miss Martin of calling a nurse from another section of the country to act as registrar seems in a great degree to solve this part of the difficulty.

We seem to see in this plan new fields of occupation for the women who have spent their younger years in nursing service, who possess through experience knowledge of the needs of both the people and the nurses, who may naturally look to such positions as a means of continuing in active usefulness to their profession. We see again an opportunity in the management of club-houses for a place for still another group of women in whom the mother instinct is strong and the milk of human kindness not dried up, who would find in service to their younger fellow workers, in looking after the domestic side of the management of such clubs, a congenial occupation.

In connection with such directories, provision could be made for a credit system for the new graduate, a loan if need be, which would enable her to take the state examination promptly and to live at the club without anxiety of mind while waiting for her first case. Assistance could be given also, along the same lines, during periods of enforced idleness to those nurses whose obligations are such as to make them unable to accumulate, all on a reasonable business basis, having the welfare of the members at heart rather than as a dividend-paying corporation. Profits, if such there are, and we feel sure there would be under a wise business management, should be turned back

for better living conditions for the whole body of registered nurses and for more efficient service to the public.

In our message of a year ago we urged upon nurses of the country two definite lines of work, the first, of completing the reorganization of the national and local associations; the other, provision of some kind for care of the great middle class. The reorganization plan, as is well known, was acted upon favorably at the Minneapolis meeting, and a committee to submit recommendations for such was appointed and is now at work.

The care of the great middle class, so far as the nursing body is concerned, remains unchanged. We see in a system of state and county directories a greater possibility of meeting this need than has yet presented itself. A sliding scale would be possible with all the states acting together, or a fund might be created upon the lines of the Crerar Fund in Chicago by all the registries acting together.

What we need greatly in this country, now that our registration laws are so generally in operation, is some means of supervision over registered nurses for the control of abuses and the holding them to a general standard of ethics. It has been proven that the *alumnæ* associations have not been able to maintain such supervision and the central directory would seem to be the natural channel through which such supervision should be exercised on such matters as the re-registration of certificates, the illegal use of the R.N., etc., which at the present time are hard to locate and follow.

TWO INSTRUCTIVE CONVENTIONS

THE quiet city of Rochester was enlivened during the second week in November by two conventions of great interest, that of the State Federation of Women's Clubs, and of the State Health Officers. It was also the busy time of the month in the JOURNAL office, so that the editors could not attend many of the sessions, but they found much of value in those papers and discussions they did hear. We give some points which may be of value to the members of our societies.

The delegates to the Federation wore badges much like those we have at our national meetings, but with a little frame 2 inches long and three-fourth inch wide at the top in which was a card with the wearer's name and to which the pin was attached. This helped the identification of individuals. The hall was decorated with peace flags, which were new to us. The international peace flag has a white ground with a rainbow stripe diagonally across it, thus combining the colors of the flags of the world. Each country has for its individual peace

flag its own flag, set on a white ground, with pennants floating at the top, one of which bears the words in gold letters on a white ground "Peace to all Nations."

There was, as always in such places, a great deal of disturbance by whispering in the audience and by continual passing in and out during the reading of papers. It would be well at such times to adopt the rule of some churches and admit late comers only after each item on the program is finished, not trying to continue the session until all are seated.

Several familiar sounding appeals were made for better support of the state and national magazines, and complaints of the few who respond when nominating blanks are sent out.

One person in giving directions to the speakers said: "Speak slowly and plainly, address both sides of the room, speak the last part of each sentence as distinctly as the first," and we would add to this, "hold the chin high and address those in the back seats."

The chairman of the press committee told of the interdependence of the clubs and the press and made a plea for mutual courtesies. In regard to the attitude of the individual woman toward publicity, she said: "Do not seek it and do not stubbornly avoid it. A woman should accept publicity if by so doing she can advance the cause for which she is working. Neither run toward nor away from newspaper publicity; when it comes, give your story simply, then turn the subject and show your interest in something beside yourself." One practical hint in regard to preparing reports for publication was that the first paragraph should contain the gist of what one wants to say. Then if, for lack of space, the article is cut down, the important part is left.

The report on probation work in connection with the courts in New York City showed the thorough way in which the probation officers are working to help the women of the street and to lessen vice. The night court, where cases are brought speedily to justice, has been a help, and Waverly House, recently opened, gives a home for girls who have no place to go while employment is sought for them. A plea was made for a woman's court in every city.

The report on prison reform told of the great work done by Superintendent Collins, who is making the prisons places of instruction rather than of punishment alone. New York State stands almost at the head of the world in its treatment of prisoners. Although the buildings themselves are not yet all that can be desired, they are being improved, and the new prison at Bear Mountain will be a model, with enamelled cells with rounded corners, vermin proof. The lock step has

been abolished, as a man never forgets it and it marks him forever. The prisoners walk with a military step, heads erect. Shaved heads have also ceased to be seen. Stripes have been replaced by plain gray clothes, the first-, second-, or third-term men are distinguished by disks of different colors. A man cannot now come in for a second or third term and go back to the easier or pleasanter prison tasks; these are reserved for first-term men who, by good conduct, have won special privileges. A system of bars and stars marks the grade a man has reached, and the higher he goes the more privileges are granted, such as writing and receiving letters more often, receiving magazines or papers, and purchasing little comforts. Each man now has his own underclothing, marked as his, and the mess halls have been transformed by the use of white plates and bowls in place of tin. The behavior of the men in the mess halls underwent a change equal to that in the dishes when this improvement was put into effect one Thanksgiving Day.

All the prisons have a graded school system and the men all attend school for at least one hour a day. They may study not only the common branches but the languages, book-keeping, and mechanical drawing. The teachers are prisoners who are high school graduates under the supervision of outside teachers. Thus a man is prepared for something beside vice when his prison life is ended.

Tuberculosis among prisoners has been reduced 70 per cent. by sending all so affected to Dannemora, where it was found that such patients improved more rapidly than elsewhere.

There is only one prison for women in the state, with an average of one hundred inmates, who enjoy the same privileges as the men.

Dr. Rosalie Morton, of New York, outlined the plan being carried out by the women members of the American Medical Association all over the country of educating the people in hygiene and prevention of disease by the means of lectures on timely subjects. The co-operation of club women everywhere is hoped for in this campaign.

The lines of work for the year were summed up in the following resolutions: on suppressing sensational reports of crime in the press, the establishing the Children's Bureau in Washington. A third asserted that the women were willing to help on the fight to suppress the white slave traffic. Other resolutions opposed billboard indecency, favored legislation protecting the rights of women to property of husbands who die intestate, and favored the forming of hygiene committees in clubs.

At the health officers' meetings some interesting discussions were

heard on the subjects of pure milk and of the use of benzoate of soda. A college professor asserted that clean milk was an impossibility, that it would ruin the farmers to comply with the conditions necessary to produce it, and that they as well as the public should be considered. He stated that there should be different grades of milk at different prices, just as there are grades of cotton cloth. He made his arguments pleasing to the more ignorant of his hearers by telling stories which amused them, as when he described milk, which was used at a large college dining hall where four hundred women students took their meals, as having a distinct odor of the cow. "What would they have thought," he said pleasantly, "if I had told them they were drinking liquid fertilizer?"

An earnest young doctor described in detail some experiments made on a healthy man by giving him daily for two weeks new cider containing benzoate of soda, and its bad effect on the urine, his swollen face and eyes, symptoms evident even to the layman. An equally plausible talker tore this evidence to pieces, saying that the bad symptoms were due to the cider and that the benzoate of soda was not harmful, because the natural acids of the stomach neutralized it when it is used in small quantities as a preservative. Dr. Goler, well known throughout the country for his fearless work for the public health, said: "Gentlemen, the gist of the whole matter is this: do we want to be fed benzoate of soda as food?"

We do not recall any discussion of public health questions among nurses where commercial interests have been upheld at the expense of human welfare. It is this attitude which makes all progress so slow and discouraging.

MEETING OF THE SOCIETY FOR MORAL AND SANITARY PROPHYLAXIS

EVIDENCES of a steady extension of the propaganda for moral and sanitary prophylaxis were given at the opening meeting of the American society devoted to this special crusade, at the New York Academy of Medicine in October. The president's report and survey of the country showed a surprising and gratifying development of associations devoted to carrying on this work. Cities dotted across the continent to the Pacific and down to Mexico report active associations, public lectures, conferences, and a demand for instructive literature that can scarcely be kept up with. Maryland and Pennsylvania each sent a representative in person to describe the growth and work of state societies which have evidently already taken positions of great forcefulness and usefulness.

An interesting incident occurred when one of the speakers in dis-

cussion suggested that the work in a large western city might go down if a small group of men were removed. In reply a lady arose and with deep earnestness declared that the movement could never die down in that city no matter who was removed, because the whole intelligent body of women resident there was kindled with a fiery determination to carry on an unfaltering warfare with the evil.

The Maryland State Society has developed an interesting line of work in going directly to young working women in their shops and factories with educational talks and warnings.

At the recent meeting of the Pennsylvania State Federation of Women's Clubs this subject formed the serious occupation of one morning's session. All these signs point to a great awakening of our people to this great moral cause.

IMPORTANT ACTION ON ALCOHOL

THE report of the twelve delegates from the United States to the International Congress on Alcoholism, held in London last July, has recently been made public. Twenty-five countries were represented by delegates, and these were unanimous in signing the findings of the congress which are summed up in the statement that alcohol is not necessary to human life and comfort, but is inimical to both. More rigid restriction of the liquor traffic was urged and an increased education of children as to the harmful effects of alcohol on the human system.

PROGRESS OF STATE REGISTRATION

WE understand that the Board of Nurse Examiners of Pennsylvania has held a protracted meeting in Philadelphia, the special work of that session being the preparation of a curriculum. The members are greatly pleased with the progress that is already being made. They feel that the bill has worked wonders in the state. A number of schools have been reorganized and others are adding to their courses of instruction, etc. This is particularly encouraging, when we remember the length and bitterness of the struggle the Pennsylvania nurses were subjected to before securing the passage of the law.

The Illinois board has drafted an excellent curriculum, printed in this JOURNAL.

In Michigan the appointing power is entirely in the hands of the governor, and the nurses have been greatly disappointed in one of the nurse members selected, Miss Galbraith, a graduate from the Butterworth Hospital in January, 1909, who, under the terms of the

law, is disqualified to serve from the fact that she has not had five years' experience in nursing as it requires. A committee from the state association drafted a resolution of protest and presented it to the governor, who very frankly stated that the substance of the law had slipped his mind, that the appointment was made to grant a request of a senator (who is a brother-in-law of Miss Galbraith), that the matter was now beyond his jurisdiction and would have to be taken up with the attorney-general. We are not yet informed what the outcome is to be. One would think that a woman with proper appreciation of the obligations of her profession would hardly wish to serve under such conditions, and we hope to hear that Miss Galbraith has relieved her associates from this embarrassing position by voluntarily withdrawing.

THE PACIFIC COAST JOURNAL

THE October number of the Pacific Coast Journal gives, in the report of the state meeting, a suggestion made by Lucy Fisher, graduate of the Cooper Hospital, of Camden, New Jersey, long a resident in San Francisco, that "the Pacific Coast Journal affiliate with the AMERICAN JOURNAL OF NURSING on broadly patriotic and economic lines," but action was deferred until another year. While such a plan might be put in operation to the great pecuniary advantage of the AMERICAN JOURNAL, we feel that such a step would be one of retrogression for the nurses of the Pacific Coast and that it would also show a great lack of appreciation of the work done by a few women in establishing that journal, especially that of the editor, Miss Cooke. The Pacific Coast Journal has been a great educator for all nurses west of the Rockies and nothing but absolute bankruptcy would, it seems to us, justify its abandonment. We do not understand that this suggestion was made because of any financial difficulties.

A CORRECTION

IN our November number, through a misunderstanding on the part of the editor, the paper on Model Tenements was credited to Miss Thornton. We wish to explain that the paper was sent in by her, but was written by Miss Gertrude Barnum, who neglected to add her signature and to whom we apologize for the error.

MISS DAVIS'S RETIREMENT

MISS M. E. P. DAVIS retired from the business management of the JOURNAL on October 1 and will soon assume her duties at the head of the central directory in Washington.

To her more than any one person the JOURNAL owes its existence. As chairman of the committee on periodical of the Associated Alumnae, she worked out the financial side of the proposition, giving of her own time, strength, and money to overcome all obstacles until the JOURNAL was fairly launched as the official organ of the association. As president of the American Journal of Nursing Company she guided its business policy, even in its minutest detail, for more than three years and until the constructive period was safely passed.

Miss Davis has been a pioneer worker in many fields, serving in the district nursing field in Boston in the early days of that work, holding a number of important hospital positions both in general hospitals and those for the insane. She has been a charter member and active worker in our organization life, and we congratulate the nurses of Washington in having secured her to further develop and broaden the usefulness of their central registry. For the first time in its history, the JOURNAL is without her guiding hand.

THE JOURNAL PURCHASE FUND

THE returns for the JOURNAL Purchase Fund are coming in so splendidly, as the result of Miss Palmer's appeal at Minneapolis, that it really begins to look as if the entire amount might be secured before the next meeting of the Associated Alumnae in June.

So far the receipts show mostly sums of money voted from the treasuries of the affiliated associations or gifts of JOURNAL stock owned by them. Just what success the associations are having with the fifty cent contributions of individuals we do not know, as these returns will very likely be the last, as the plan involves a good deal of personal effort on the part of a few people. A number of shares and some contributions received since Miss Davids's report was made up, or promised and not yet paid over, bring the amount in sight, according to our estimate, to at least forty-two shares and it seems probable that by the first of January this may be increased to fifty.

JOURNAL ownership is the one great undertaking of the Associated Alumnae of lasting and tangible form,—just as the course in Hospital Economics is the practical result of the efforts put forth by the Superintendents' Society. Each occupies an important place in nursing education and progress, but the JOURNAL reaches out in its influence more broadly over the world, serving all nurses alike as a connecting link between the lonely workers in far distant places and those in the great centres. It is the medium holding all the nurses in all the states together, enabling them to go forward on practically uniform lines. Without it

the course at Columbia could not have been so effectively developed, state registration would have been impossible to accomplish in so short a time, and the thousand and one useful and brilliant suggestions which it has been the means of heralding would have remained dormant in the minds of the originators and have been lost to the profession.

Every nurse who is a member of an affiliated society should feel it a personal obligation to contribute fifty cents to this cause. It is not an assessment, which is mandatory, but a privilege. The complete ownership by our national association is a fitting celebration for the tenth anniversary of the JOURNAL.

HOLIDAY GREETINGS

MAY the Christmas season bring happiness to each member of the JOURNAL family wherever she may be,—either by way of personal joy of a merry reunion with friends or family, forgetting all care and renewing youth, or by putting self aside in bringing Christmas cheer to the lonely and forlorn in hospital or slum or home of luxury.

In our younger days the merriment of the season is uppermost, and happy is the person who never loses her joy over the shining tree or the Christmas stocking, but as we grow older the peace and good will of the angels' first Christmas message appeal to us more deeply and we like to stop in the midst of the crowded days of the year to let peace enter our hearts, to cast out all thoughts that are unkind and uncharitable, all unfair judgment, all possible misunderstandings, to look on our fellowmen with the eyes of loving sympathy, and to let the Christ Child enter our hearts, "for Thou lov'st temples better than an inn."

PRESENT METHODS USED IN MEDICAL NURSING *

By LOUISE M. MARSH, R.N.

Graduate of the Presbyterian Hospital, New York

Not long ago while listening to a celebrated clinician reviewing with his students the treatment indicated for the number of miscellaneous cases usually found in an open ward, the writer heard him say in summing up, "And for *all* of these cases the mental attitude of the patient towards his own condition, environment, and treatment, must be carefully considered, as much may be done by suggestion to hasten or retard recovery."

Suggestion, as a nursing method, holds limitless possibilities and opens vast fields for speculation and inquiry, but it is a method of nursing treatment the importance of which is beginning to be so universally recognized that a paper on present nursing methods, however brief, must at least touch upon it before passing to a few of the more tangible methods now in use.

Very constantly the care of the mental attitude of patients is spoken of and the nurse is reminded that application of mental therapeutics is not now limited to nervous diseases; but that their value is very widely spread, and as a matter of fact there is hardly a disease in which it is not felt. The capacity on the part of the nurse for arranging details of treatment to make an impression upon the patient's mind, her opportunity to calm the mind in excitement, to decrease anxiety, to arouse feelings of hope, faith, and cheerfulness, of suggesting motives for the exercise of the patient's will to recover, to stimulate the patient's mind to make greater effort to aid in his own recovery—in a word, the nursing application of mental therapeutics, especially suggestion, is now daily insisted upon and has become a recognized nursing method, which in a doubtful case may turn the scale from failure to success.

In considering the nursing methods as applied to infectious diseases and fevers, typhoid may be taken as a type of both. The first question presenting itself with the care of infection is What precautionary measures must be taken to prevent its dissemination? The time allotted to this paper must limit such a consideration to the methods used in an open ward where patients suffering from typhoid fever are

* Read at the eighth annual meeting of the New York State Nurses' Association.

placed next to non-infectious diseases. A probable typhoid patient on being admitted to a ward is ordered to be placed upon "individual precautions,"—that is, every article whatsoever to be used by him is kept separate and apart in a special, designated place,—articles which will not be injured are kept immersed in a two per cent. solution of formaldehyde when not in use; excreta are disinfected by the same solution, as are all bed linen and articles of wearing apparel. Dishes, trays, drinking tubes, medicine glasses, are boiled immediately after use.

When the diagnosis of typhoid is made positive, by the finding of the bacillus typhosus through blood culture, the precautions are changed to "enteric" and all articles for his use are placed in the so-called "typhoid room." Here are kept in common all articles for exclusive use in the nursing care of typhoid fever. This is, broadly and without detail, the nursing method now in use in the Presbyterian Hospital to prevent the spreading of typhoid or other infectious disease.

Typhoid is now almost conceded to be a nursing problem. Being a self-limited disease, it must run its course and there seems to be no established medication or treatment that can abort it or even in any marked degree mitigate the severity of the attack, hence the nursing methods are chiefly devoted to keeping the patient in good condition to fight his infection, to keep his resisting powers above par that he may not have a secondary infection, and to ward off complications. This brings us at once to a consideration of hydrotherapy and diet. The tub bath, the slush bath, and the sponge bath, all given at from 80° to 85°, are in common use. The methods of giving the sponge and tub baths are so familiar to all, differing only in unimportant details, that they need no further comment. The slush bath, however, is not so commonly used and a brief description may be of interest. It is indicated where the continual moving of a typhoid patient from the bed to the tub seems to be irritating and to aggravate the nervous symptoms.

The bed is protected by two rubber sheets, the top one being long enough to extend into a large pail or tub placed on the floor at the foot of the bed. Pillows doubled over and tied, or blankets rolled lengthwise and tied, are placed under the rubber sheets, elevating them upon either side so that the patient lies in a trough. Blocks of medium height are placed under the head of the bed to assist drainage. A tub of water is placed upon a stand several feet higher than the bed and large rubber tubing with a sprinkler attached may be used to convey the water to the patient. A simpler way is to fill an extra large, ordinary (garden) variety of tin watering pot which is held high above the patient and the

water sprinkled quickly from head to feet. The shower continues fifteen to twenty minutes, friction being given continuously. For the first ten minutes the patient is showered and rubbed anteriorly, then gently turned and his back well showered and friction given especially over the spinal cord for the tonic and sedative effect on this nerve centre.

In many instances when patients have been irritated and perhaps terrified by removal from bed into a tub the slush bath has been tried with excellent results. The case of a boy in our wards last autumn may be cited. He had a severe infection and very aggravated nervous symptoms. Preparation for a bath was the signal for an immediate outbreak of tears and entreaties not to be put into the tub. The temperature of the water was raised to 90° with no better result. The slush bath was then tried, and when he saw that he was not to be lifted from the bed no resistance was offered, the shower at 80° from the watering pot was greeted with his first smile, and from that day Ludwig "prayed for rain."

The relation of hydrotherapy to fever as presented to us enables the nurse to get a more or less clear understanding of what fever really is, and so a definite and rational method of carrying out hydrotherapeutic measures. Having comprehended that fever is the reaction of the body to a poison, the attempt of the system to battle with and fight off invasion, we can tub and slush and sponge with comparative disregard of effect upon temperature, knowing that the drop or rise of a few tenths of a degree is so little as to be almost negligible, the clinical thermometer presenting us with but a limited set of facts,—that the bath has affected the nervous system advantageously, delirium disappears, the heart is stimulated, and digestion and elimination are aided.

So we see that the ancient method of plunging the patient with a temperature at 105° F. into iced water, effecting rather a spectacular drop in temperature (and maybe a chill) has been modified to a pleasantly cool, soothing bath, to a purely nursing method of promoting the general well-being of the subject. Having the clear idea that a high temperature is the best one for the battle against the invading bacteria, and having also in mind the probable condition of the intestines, we are enabled to understand the method in the fuel supplied to balance the heat loss. The ideal diet is one designed to keep the heat value of the food at a point to cover the heat loss (at least 2000 to 2500 calories a day), otherwise the patient must burn up his own tissue, becoming very emaciated and weak and ready for any complication.

It is found to be impossible to give the usual articles of milk,

albumin water, and broth in sufficient quantity to cover the heat loss, and very recently cream and milk sugar, in amounts varying according to the individual ability to digest and assimilate, have been added to increase the food value of the diet. The advantage of milk sugar over cane sugar is that in fermenting it produces very little gas. As much egg-albumin as the patient will take is given. One delicious way of serving it as a variation from the monotonous albumin lemonade is to put the well-beaten white of the egg with grape juice and cracked ice. Large quantities of cold water are imperative, six to eight ounces at least every half hour when the patient is awake. It has been said that the test of a good surgical nurse is the small amount of morphine required after an operation. It might also be said that the test of a good typhoid nurse is the amount of fluid she can induce her patient to take—his willingness being in ratio to the degree of cleanliness in which she keeps his tongue. We have now in very general use for cleansing mouth and tongue a solution of boric acid, listerin, peroxide and glycerin in equal parts. The mouth is well swabbed out with this after every feeding, and a light coating of ointment made of 50 per cent. boric acid, menthol, and oil of nutmeg in white vaseline is then put upon tongue and lips,—under this treatment a coated, dry, fissured tongue is rarely seen.

When the toxæmia is profound, producing so stuporous a condition that fluids cannot be taken, 1000 to 1500 c.c. of normal saline is administered by hypodermoclysis every eight to twelve hours. A slow method of giving saline subcutaneously is now being adopted. Heretofore aspirating needles with a large lumen have been used. Their introduction into the tissues is never a pleasant procedure and their size permitting of a quick flow, large amounts of the saline collect in one spot and cause a painful swelling until absorption takes place; also large quantities of fluid suddenly thrown into the tissues may cause a reactionary chill. Smaller needles, approaching in size the ordinary hypodermic needles, are now substituted for the larger aspirating needles; thus the flow of saline is very much slower and the process of absorption more nearly keeps pace with the introduction of the fluid. This slow method certainly seems more rational than suddenly throwing 1000 or 1500 c.c. of fluid into the tissues in fifteen or twenty minutes.

The importance of the nurse's share in the treatment of nephritis and uræmia is almost as great as in typhoid. The variation made in the diet of acute, subacute, and chronic nephritis is an interesting but lengthy subject. Without entering into the various forms of the disease it may be said that the diet and treatment used for all are designed

to rest the kidneys. The patient is at first kept flat in bed and given the least irritating of diets, milk, 6–8 ounces every two hours, water in sufficient quantity. Broths are prohibited, as the meat extractives are irritating to the kidneys. As the patient improves his diet is increased very gradually.

When there are œdema and effusions into the cavities, a strictly salt-free diet may be ordered. We are told that the diseased kidneys cannot excrete the salt which accumulates in the tissues, and since salt requires a quantity of water to keep it in solution, water is held in the tissues also, with resulting œdema. When the fluid collects in the pleural cavities it is very difficult to make the patient comfortable in bed as he is able to breathe in an upright position only. Back rests, foot rests, innumerable pillows, a bed table to lean forward upon, any and every device is resorted to in an attempt to enable him to change his position and gain a moment's comfort. The chronic nephritic with his pale, swollen face and water-logged, unwieldy body, laboring for every breath, is indeed a pitifully helpless object. The kidneys are rested and the œdema relieved by diet, and by making the skin aid in elimination by means of hot packs and hot-air baths. However, in spite of rigorous treatment most chronic nephritics go on to the uræmic condition, intense headache and drowsiness, irregular respirations, then coma supervenes, hot flaxseed poultices to the lumbar region, hot colon irrigations, phlebotomy, all usually without effect, and the coma progresses to death.

In pneumonia, all treatment and nursing are directed towards preventing cardiac failure and to helping the patient through the period of toxæmia. Absolute quiet and the recumbent position in bed are of utmost importance. Any quick movement must be guarded against, and as pneumonia patients are often very delirious the closest watching is necessary to prevent the sudden strain which sitting up or rolling over places upon the heart, and much of the routine care of the patient must be omitted.

No matter how cold the temperature, the patient is placed out of doors or, if this cannot be done, all windows are opened so that he breathes free, flowing air. Just as in the nursing of surgical wounds, absolute cleanliness is the essential point, so the antiseptic system in its universal application enforces the lesson that diseased lungs require clean air.

If delirium is active, the patient is brought in every four hours and given an alcohol sponge. Large, light, flaxseed poultices are put over the chest for relief of pleural pain. The use of ice bags for this pur-

pose has been abandoned, as the hot application seems more effective and adds more to the comfort of the patient. The chest may be cupped for twenty minutes every few hours. The present method of cupping is always a rapid one, requiring two nurses, the cups being removed almost as quickly as they are applied. As the object is to relieve congestion, if the cups are left on too long until the capillaries become enlarged, it is defeated. Dark rings, stasis marks, are not now considered signs of effective cupping but of defective understanding of the principle underlying the treatment. A chest having been cupped for twenty minutes should resemble the same area after the removal of a hot poultice therefrom—of an equally diffused red color with no dark or red rings and the skin left in perfect condition for as many repeated cuppings as may be necessary.

Abdominal distention, further embarrassing heart and lungs, must be carefully watched for and its earliest onset reported. The pneumonia toxins cause a very quick paresis of the intestines, which condition is combated by turpentine stupes and enemata. Water should be urged, as the internal lavage eliminates much of the toxin through the kidneys. From the onset, usually with a chill, the patient feels very ill; by the second day his temperature has risen to 104° or 105°. He may have a frequent painful cough and soon expectorates a very viscid and bloody sputum, and his breathing is very rapid. In these cases as in all others in which the breathing powers are embarrassed science steps in to help nature by giving inhalations of pure oxygen. So fiercely does the patient have to battle to draw in sufficient oxygen that it often requires the greatest perseverance and persuasion to induce him to even attempt the swallowing of fluids in any quantity, and saline is administered rectally and by hypodermoclysis every few hours. This condition may continue about eight to ten days. If during this period the natural protective agencies of his body have been well nourished and fortified by sponging, poulticing, and fluids, they may muster in sufficient strength to overcome the pneumococcus toxin, and the almost miraculous crisis comes, the temperature tumbling headlong like an evil demon from a towering cliff, the bounding pulse and the goaded respirations calm down, and the spirit that seemed about to wander into the shadows tenants the clay again and convalescence begins. A fight with a squad of invading pneumococci is as exciting as pinning on our Red Cross emblems and going to the front, or like watching the citadel and supplying ammunition to the guns, success in holding out the siege depending upon attention to details, a complete understanding of the situation, and a readiness to meet new obstacles as they arise.

If we could be trained to properly use our imagination many of the commonplace details of work with the sick might be transformed into something inspiring. But minds are rarely characterized by both observation and imagination, observation giving accuracy in grasping surface details, while imagination goes to the heart of things and is deep, earnest, and serious, seeking the essential truth which underlies, explains, and dignifies details. The combination of these two faculties of observation and imagination is rare. She who possessed it would be mistress of the art of nursing.

OLDE CAROL

As Joseph was a-walking
He heard an angel sing,
"This night shall be the birth night
Of Christ, our heavenly King.

"His birth bed shall be neither
In housen or in hall,
Nor in the place of Paradise
But in the oxen's stall.

"He neither shall be rocked
In silver or in gold,
But in the wooden manger
That lieth on the mould.

"He neither shall be washen
With white wine nor with red,
But with the fair spring water
That on you shall be shed.

"He neither shall be clothed
In purple nor in pall,
But in the fair white linen
That usen babies all."

As Joseph was a-walking
Thus did the angel sing,
And Mary's son at midnight
Was born to be our King.

Then be you glad, good people,
At this time of the year;
And light you up your candles
For His star it shineth clear.

CENTRAL DIRECTORIES *

By SARAH F. MARTIN, R.N.

Graduate of the Massachusetts General Hospital

As I come to New York to speak to you in regard to central directories, I am fully aware that, in some places at least, it is an unpopular subject.

When I promised last spring to come to your annual meeting in October I fully expected that our directory would be open, so that I might bring you some practical results, but as our offices were not ready for us until late in the spring and as the summer in Baltimore is not a good time to attempt an arduous task I can only tell you of our hopes and ambitions.

I do not know just what the situation is here in New York, but I trust that your *interest* in the subject is as great as mine,—therefore I take pleasure in coming before you.

I do not intend to criticize the directories already in existence, either those run by different *alumnæ* associations or by different groups of people; they have done a good work and can possibly continue in well doing, but they are not doing the work of the directories that will be established by our state societies in the very near future.

The only directories that I might criticize if I had time are those controlled not by nurses and not for nurses' interests but for wholly pecuniary gain. But these ought to be called nurses' intelligence offices and it is surely unprofessional for nurses to patronize them.

I speak in this positive way that directories will be established by state societies, for it is surely coming to pass, and those who disapprove either by open opposition or by apathy can only hinder the good work but they cannot stop it.

The tendency of the times is toward centralization. There should be a centre in each state where the state society can have its offices and demonstrate to the public in a practical way what our profession means, and not one branch alone, but every branch; a centre where we can advance those principles which are truly professional and do much to rectify any mistakes that we have made in the past that have caused people to speak of us as being a "trust."

* Read at the eighth annual meeting of the New York State Nurses' Association.

I am asked to tell you something of what we are trying to do in Maryland. Our state society was organized in 1903, and from the beginning a central registry was under consideration. Very little was done, however, beyond appointing a committee each year so as to keep the subject before the nurses, until this year when the doctors of the state centralized their interests in a new medical building at 1211 Cathedral Street, Baltimore.

In the planning of this beautiful building space was reserved and planned for the nurses with the expectation that among their other activities there would be a central registry—indeed there were rumors that if the nurses neglected this opportunity the medical men might open such a directory themselves. However, with characteristic courtesy this was referred to the nurses with the hope that they would assume the responsibility.

As a result of this, a forceful appeal was made at the annual meeting in January, 1909, which resulted in a motion being put before the society as follows:

“That a Central Directory Committee be appointed for 1909, consisting of the committee as it stands to-day, with instructions to confer with those who shall desire to become members of a company as to ways and means of starting a directory as soon as possible.”

This motion was carried by a two-thirds vote.

After the annual meeting this committee went to work. They held several meetings, to which all nurses interested were invited.

At the first of these, the committee was divided into subcommittees, as follows: finance, registrar, establishment, rules, recommendation, and with the aid of a lawyer the Central Directory Company of Registered Nurses has been incorporated under the laws of the state, with a capital stock of \$5000, to which one-half has already been subscribed, each share of the stock being of the par value of \$25.00. All the seven directors and thirty stockholders are members of the state society. The seven directors will of course have charge of the business, but some of the questions of management will be under a committee chosen from the state society. Among these seven directors are two nurses from outside of the state but who have been connected with nursing affairs in Maryland for some time. I mention this to show that we mean to work on as broad lines as possible.

We shall probably open our directory early in November in the rooms in the Medical Library which are also the offices of the state society and the state board of examiners of nurses.

Owing to the fact that Baltimore represents the state society, we

hope to call a nurse from outside of the state as registrar; as one of the objections that we had to meet was that it was feared that a graduate from any Baltimore school might show partiality in regard to her school.

The registrar will live in the Medical Building—this is possible as the librarian and her eight assistants now live there, and this will doubtless solve the question of relief for the registrar, when needed. Our registration fee will probably be \$10.00, possibly payable semi-annually, which will be reduced as soon as possible.

One of our reasons for starting a stock company was that we might have at least \$2000 or \$3000 for our expenses for one or two years, after which time we expect the fees to be sufficient to place the directory on a self-supporting basis, and in time we hope that the Central Directory Company can turn the shares over to our state society and then, eventually, cut down the fee of the directory; for it is not a money-making scheme for the stockholders but the investments have all been made to enable a directory to be started in Maryland under the auspices of the Maryland State Association of Graduate Nurses.

The existing directories will still continue, but we enter the field believing that there is work to be done that they cannot do.

We do not at first expect many, if any, will leave their directories to join the central directory, but we are going to start with those who do not now belong on any, and from day to day make it so advantageous to the nurses that the majority of graduates from the training schools from year to year will gladly register with us, and by our winning ways we hope to call in time all of the registry work from the club-houses, turning them into quiet abiding places.

We have plenty of opposition, but we are going to make a start, and the future alone will tell you how much of a success we have made of it. So much for our organization.

Such directories, after they have passed through their organization period, will, no doubt, be able to solve some of the problems of the registered nurses so universally talked about, but which have not been solved because it is not work the *alumnæ* associations *can* do, but it is the work that our state societies can do and, if I mistake not, will do.

I mean by this such questions as the long hours that private nurses are expected to be on duty. We all know that it is not an unusual thing for a nurse to go to a patient at nine o'clock in the morning, prepare for an operation, assist at that operation, stay with the patient the rest of the day, that night and until the physician makes his visit the following morning.

I always like to quote what was said by one of our former presidents

of the Maryland State Society at one of our annual meetings. After commenting on the railroad accidents caused by the long hours engineers are kept at their posts, she said, "Will the recording angel note other accidents in the sick room caused by the long hours nurses are kept at their posts, and for which the nurse may be in no way responsible?"

I see in the last *AMERICAN JOURNAL OF NURSING* that a graduate from one of your New York hospitals writes a plea for the private nurse in regard to long hours. She says that the time is not far distant when arrangements will be made to regulate the hours on duty, and I predict that those arrangements will be made by our state societies through their central directories.

Another question that will be taken up is that of fees for professional services, a question which we all approach with fear and trembling. And I only dare to say that our "fixed price" is doing much to earn for us the name of a "trust" and the abolishing of it will do much to earn for us the name of a profession.

Is it too visionary to suggest that we may have a printed code of ethics that would not only instruct the registered nurse as to what is professional and what is not but be useful to give to the public when it becomes so grieved at our not being willing to serve as ushers in uniform at charitable bazaars and such like?

You are going to ask me how I think this can be accomplished. I can't tell you exactly how until we have individual cases brought before us, but I receive my encouragement from the fact that the state societies, which through their registration laws have done so much toward bringing up the standard of training schools, thus aiding the undergraduates, will not be content until they have solved some of the problems of the registered nurse.

Among the other advantages to the registered nurse would be the privilege of specializing more fully if she chooses. It is, I believe, professional and right to do so.

After a good general training, a nurse should consider her personal qualifications and choose as her work those cases for which she is best fitted. This will be possible in a directory where a large number of nurses are registered and still meet the calls, whereas it might not be possible in a smaller one. Then again a list of the nurses could be sent to physicians regularly and a list on which were nurses from all the schools would appeal to the majority of physicians more than a similar list sent out from any one school.

The nurses registered in any state will be able to register on our Maryland directory after being endorsed by the committee on credentials.

But to prevent an influx of nurses from other states we expect to give the nurses registered in Maryland this advantage: we intend that each Maryland school shall have its own list, and the graduates from that school need only register on that list and go to the bottom of that list only, in case of refusing to answer a call for a nurse from that school.

Then the general list will be open to all registered nurses, enabling the graduates from the schools with a separate list to put their names on both lists, but on refusing a call from the general list they need only go to the bottom of that list, and it need not affect their standing on their school list at all.

This will give privileges to the nurses of the state that will not be given to those coming in from outside, as they can only register on the general list.

We have heard it said that the state societies are mostly managed by institution nurses and that the private nurses do not receive much benefit from them. I think that there is a great deal of truth in this statement, but I believe that the future will reveal that the central directory will be the agency through which the state societies can demonstrate to the private nurses that their interests and welfare are the societies' interest and welfare. So much for what we hope to do for the registered nurses.

Naturally we will give our first thought to the problems of the registered nurse, but we ought not to confine all our attention to her. We should broaden our influence to include those who are not registered nurses, but who have given years of service to one branch of work or another after having had more or less hospital training, good nurses who should surely come under our care; and we should also include those who are commonly called "out nursing," some with credit to themselves and some with no credit to themselves and surely none to us. By this means we may be able to do something in the way of regulating the prices and the work of non-graduates and also something toward clearing the field of women who are a danger to their patients and for whose deeds an indiscriminating public holds us responsible. Of course all these lists or classes will require, through our credential committee, our most careful consideration.

It is plainly the state society's duty to furnish the public with the best nurses possible,—those whose credentials we know, limited as they may be, and whom we as nurses (experts if you will) have found fitted for their work,—and not leave the public, especially those who cannot pay for a registered nurse, in the hands of untrained women, who, because they are wearing a cap and gown, to which they have no right,

are defrauding the public, making them think they are full-fledged nurses. Thus the central directory will emphasize the meaning of registration, namely, to make a distinction between the genuine and the counterfeit.

Male nurses should also register on such a directory; and we also hope to do a little preventive work, for we ought to do what we can to have our list of nurse girls, that we may furnish girls qualified, in some ways at least, to that great number of mothers who are looking for some one to care for their babies and young children. Certainly in Baltimore we would be doing a two-fold duty, protecting child labor on the one hand and preventing slaughter of the innocents on the other. I believe you are better off in New York along this line, however, than we are in Baltimore.

To sum it all up, we hope not only to make the Maryland directory a clearing house for nurses, the doctors, and the public, so that any need in this line may be supplied, whether for private cases, institution work, children, or convalescents, thereby economizing much valuable time at a time when it can least be spared, but we hope to secure for registered nurses their rights as professional women.

TWO UNUSUAL TYPES OF ECLAMPSIA

By RUTH BREWSTER SHERMAN, R.N.

Graduate of Johns Hopkins Hospital

PROBABLY every nurse who has done much obstetric work has, during her training or private nursing, seen one or more cases of typical eclampsia which appeared at the usual time, received the ordinary treatment, and in due season terminated in either death or a good recovery. It is not the purpose of this paper to describe such an attack, which can be read up in any good book on obstetrics; but in the course of my work two very bad cases of eclampsia have come under my care which in important points varied from the usual form and which come under the head of unforeseen emergencies. For the benefit of others who may be taken by surprise in the same way it is intended to outline these attacks from a nurse's standpoint, with the treatment and results.

I. Mrs. T. was a large, healthy woman, aged twenty-six years, with one child fourteen months old. When this eldest child was born the mother had shown some albumin in the urine two or three days before delivery; she had been put on a milk diet and kept quiet for these few

days, the symptoms had disappeared, and the delivery and convalescence were uneventful.

When at term with the second child, albuminuria suddenly appeared, with scanty urine, visual disturbance and loss of memory; these conditions lasted two or three days, when she was again kept quiet and on a milk diet and the symptoms again cleared up. She went into labor and was delivered about midnight; the mother and baby were both in good condition and the doctor went away. Here occurs the unusual feature of this case. Ordinarily, when a patient with threatened eclampsia *has been delivered before any grave trouble has occurred, none follows*—the patient does well and gets well in due time. But this woman rested quietly for two hours after her child was born and then, at 2 A.M., with no other warning than a very slight noise in her throat, passed into a convulsion with all the features of fully developed eclampsia. Between 2 A.M. and 3 P.M. she had eight distinct convulsions, and in the short interval between the seizures lay in a deep coma.

She was given morphia and atropia hypodermically and a sweat bath. At 10 A.M. venesection was done and 750 c.c. of blood withdrawn from the right arm; following this she was given salt solution in the arm, in the breasts, by mouth through the stomach tube, and per rectum—six litres in all. At 2 P.M. another sweat bath was given; after this she was catheterized and 300 c.c. of urine obtained. The patient became conscious about this time.

After this there was no more trouble, the woman rallied well, the usual liquid diet and treatment with quantities of fluids were carried out, the urine increased steadily to an amount above normal. Soreness was felt for some days where the needles had been inserted in arm and breasts, but this soon passed off. Later convalescence was uneventful. The baby was very small but perfectly developed, was nursed after the second day, and did well in every respect for six months or more, though after that interval its condition was less satisfactory and its physical development rather retarded for two or three years. The mother sat up at the usual time and came downstairs in a month.

Mrs. T. had a third child sixteen months later, and had no sign of albuminuria at any time. She was very deaf for about three years after the eclampsia, but has become less so.

It is accepted as a fact among obstetricians that a woman may have the preceding symptoms of eclampsia with each one of several successive children, and there will be the same, or increasing, danger with each return; but that when a woman once has regularly developed eclampsia *with distinct convulsions* and recovers, she never has it again. Up to

1904, at least, there were no reported cases of a return, and obstetricians agreed in regarding a patient who had passed through eclamptic convulsions as immune from further attacks and safer than if she had never had one.

II. Mrs. J. was a woman of unusual size, superb physique and great beauty, and apparently in perfect general health, aged about thirty-two years. She had three children aged nine, seven, and four years, and during each pregnancy had shown albuminuria and other premonitory symptoms. The eldest child had been born at about six and one-half months and saved by incubation. After the third child a uræmic condition had apparently become chronic or latent, her health was excellent, and she led an active and very happy life; but an oculist who examined her eyes when her youngest child was three years old found them affected by a condition of chronic uræmia.

She was about five months advanced in the fourth pregnancy when albuminuria appeared and she was put on a restricted diet under close watch. Later the diet was bread and milk only. At six months the first convulsion occurred, early one morning. Abortion was induced as quickly as possible; the child, which lived only two hours, being delivered at 9 A.M. The uterus was packed, no more convulsions occurred, the patient became conscious, and her mind was clear; the day was uneventful; between 6 and 9 P.M. the urine was voided twice. The night passed quietly; the patient slept at intervals and when awake was comfortable and calm, drinking water freely and speaking lovingly of her family and the happiness of her life. At 9 A.M. the doctor said that danger was passed, and for the first time left the house. Here occurs the unusual feature of this case. When a woman has passed through eclamptic convulsions, *if the urine is voided naturally and the mind becomes clear, the danger is believed to be over and the way to recovery begun.* But at 10.30 A.M. this woman passed without warning into deep coma, and died an hour later without recovering consciousness. During this interval, heat, with every form of external and internal stimulation were applied, while the doctor also (on the mere chance of a possible internal hemorrhage, which had not occurred) unpacked the uterus, expressed the clots, inserted ice, repacked, and used violent external massage.

It has seemed wise to me to review these two cases for the benefit of other nurses, because each shows a departure from rules which are commonly looked upon as reliable. In the first instance a woman who had premonitory symptoms and had been delivered passed into convulsions *after the uterus was empty*, and was only saved after thirteen

hours of hard effort and grave anxiety. In the second instance a woman who had passed through convulsions and forced abortion, whose symptoms had disappeared and whose natural action of mind and kidneys had been restored, *relapsed the next day* and died in spite of every effort. In each case it was not merely the nurses who were taken by surprise, but also the doctor, a man of wide experience and highest authority.

NOTE.—These cases both occurred in the practice of Dr. Whitridge Williams in Baltimore, but since the publication of his "Obstetrics," 1903. There were two nurses with each patient. In the chapter on eclampsia of Dr. Williams's "Obstetrics" can be found much information bearing on postpartum seizures such as the first case quoted in my paper. I am indebted to personal conversations with him for the rules above laid down as to, (1) the later immunity of eclamptic women, and (2) the prognosis after the mind and kidneys have cleared up.

THE BURGLAR

By ISABEL McISAAC

WHEN women undertake to live in remote or lonely places, an important point to be considered is their means and ability for defending themselves in case of burglars, tramps, or worse attacks. Euphemia has always been fearless and ready to defend herself under all circumstances, and while I have never been a look-under-the-bed-at-night sort of a person I haven't exactly hankered for a chance to encounter vicious intruders either by night or day.

Our neighbors assured us that we had nothing worse to fear than sneak thieves, who might swipe (that is the only word to express it) a few apples or other fruit, unless it might be chicken thieves who were not unknown, and might be ugly if cornered, but house burglary was almost unknown in the country.

When one goes to California from Chicago—the windy city—they assure you that the high lake winds of Chicago are unknown in Pasadena, and when one goes to Santa Monica the next day one loses her hat from the open car and is delayed by a car which has been *blown off the track*. They also tell you that they do not have thunderstorms, and the next week the flag staff on one's hotel is struck by lightning, and I have heard of places which bore the reputation of not having mosquitoes, where many persons suffered from malaria. So when we were told not to be afraid of burglars, we were not timid nor worried but looked after our locks and latches, had two dogs, and a revolver on the corner of the bureau in Euphemia's bedroom, and also had the telephone put into

her room so that no one could come between her and the chance to call upon the neighbors for help, and then we forgot to lock the doors, and slept soundly.

We hadn't been on the farm six months when a farmer's wife near us was tending a little shop they had at a cross-roads while her husband was away. A neighboring farmer was in the place when a strange man entered, pointed a revolver at the woman and demanded her money. The farmer fled but the woman did not lose her wits and took her husband's revolver out of the money drawer and fired at the rascal, which caused him to drop his revolver and run away, and then she found that his revolver was not loaded. This episode fired Euphemia with new courage and she declared her intention of shooting any intruder at once, without waiting to see whether it met with his approval.

Meanwhile we had added greatly to our flock of poultry and a wholesale raid upon our hen houses would mean a considerable loss, so we slept with an ear open for strange sounds from that source at night, although it is said that accomplished chicken thieves will carry away a whole flock without a squawk of protest from the hens.

Not long after the affair above mentioned we were startled in the middle of the night by a terrifying commotion in the hen house, and both of us flew out of bed, only waiting to put on our slippers. Euphemia took the revolver and told me to come with a lantern. Have you ever tried to light a lantern you didn't understand without your glasses when you were scared to death by revolver shots and didn't know whose revolver was being shot? The revolver reported three times before I got across the back yard, expecting to fall over Euphemia's dead body or be shot myself at every step, but I found her very much alive and saying that she shot to frighten them away. All this time a single hen's voice was shrieking as if in mortal terror, and when we peered in with the lantern not a burglar was to be seen, only this ridiculous hen sitting in the midst of forty others, still squawking at the top of her voice; and she kept it up until Euphemia shook her, when she blinked at the light and gave a little gasp, exactly like the patients with night-mare when the night nurse wakens them.

The whole thing was so ludicrous and the reaction so great after our fright, that we nearly followed the hen's example and had hysterics from laughing at the absurd picture made by two staid women in night garb and slippers wildly pursuing a crazy hen in the middle of the night.

Later our neighbors across the ravine called up anxiously to know if any one was hurt, proving that if anything serious really did happen we could make ourselves heard.

As in our training-school days we were not taught that hens had hysterics, we have not yet recovered from our astonishment, but neither have we ever been disturbed in any way. We sleep with every window and door wide open except in the coldest weather; the screen doors are hooked inside except when we forget it, and we confidently expect that the foolish hen was our first and last burglar.

CHRISTMAS DAY IN THE GAP *

By I. M. I.

For days previous I had baked cakes, icing and sprinkling them with most marvellous candy bought in Bat Cave's department (?) store, making stockings from mosquito net, and filling them with dolls, nuts, oranges, ribbon, candy, and toys,—all this for the nine little children in two cabins on the estate. My husband superintended the cutting down of a cedar, and on Christmas Eve we trimmed it with ornaments brought from home. It was six feet high. We moved it into the living room by our supper table, and when the candles were lit we felt really Christmasy. The Colonel, my husband and I enjoyed opening our gifts and reading our letters until midnight,—but I must get on to the tree, for, believe me, it was the first Christmas tree these children had seen.

The nine little ones were to come on Christmas morning at about eleven. The day was beautiful and sunny, so the tree was placed in the yard, and how strange it looked with its tinsel and trimmings, standing among giant oaks, thin poplars, and a huge fig tree. Suddenly, without a moment's warning, a hurricane, accompanied by heavy rain drops, upset our tree, scattering things round about with a vengeance. The excitement ran high for a while, but the tree was finally rescued and put in one corner of the porch.

I had hung on the lower branches Christmas cakes for the smaller children, three to six years of age, to take off themselves, and congratulated myself that all was in readiness when, looking out of the door, I saw the tree quiver and stealing quietly out, what do you think I saw? Five jet black cats, gravely nibbling the low-hung cakes. The sight was so unusual I laughed to myself and let them nibble for a time, but to-night five black cats are being swept along the course of the river, and I do hope they will not haunt me with their forty-five lives, for it was the Colonel who insisted they should be shot.

* This Christmas sketch was written for an alumnae association by its president, in exile for her health.

Just as fresh sugar-coated cookies were hung, I looked up The Gap for my expected guests and counted seventeen adults and children,—only nine stockings, remember!

In fear and trembling I looked *down* The Gap to see if more were approaching, but I rose to the occasion and while my husband held their attention with the phonograph (the porch was filled) I hastily cut cake, and with two pounds of candy and three dozen bananas had something for everyone.

The hopeless, apathetic, lurid faces of those mountain women with their poor sometimes pretty children I am not likely to soon forget. They never laugh, and I could not tell whether they were pleased or otherwise. I have heard since that they never had such a Christmas, and the Colonel says they will talk of it for years, but at the time it was positively ghostly.

As I watched these mountaineers straggling along the side of the road to their dreary, oftentimes dirty, windowless cabins, I wished I could help ever so little, but they are so “sot” in their ways, the task would be a long, arduous one, if not absolutely hopeless.

IN ROOM NUMBER TEN

By T. D. PENDLETON

THE night nurse entered the hospital, hung up her heavy ulster, walked up two flights, and reported to Miss Carithers at exactly five minutes before seven o'clock. Miss Carithers was to dine out and see a play, but she was still in uniform. She looked at the clock and gave the special orders for the night hurriedly. Finishing, she said she hoped the entire charge of the patients would not be too heavy. One of the day nurses would come over from the home and sleep in the hospital if the night nurse wished it. The night nurse did not wish it; she would be able to manage alone, she said.

Miss Carithers went away to dress, accompanied by a curious sense of bafflement. She felt as if she had tilted against a mist and lost. One could never get close to the night nurse, she was a machine. But at fifteen minutes before eight Miss Carithers came lightly to the top floor again and said contritely:

“I must tell you that an unpleasant thing has occurred. We had an emergency operation this afternoon while you slept, one of the victims of the wreck. You did not hear of the wreck on *The Southern*? Of

course you did not; you were sleeping. Twenty were killed and fifty or more injured. Most distressing was it not, on Christmas Eve?"

The night nurse said nothing and the other went on:

"The railroad hospital received the injured except one case they thought we might save. The operation was after all hopeless and the patient died at six o'clock. The undertakers were overtaxed (you know there are only three in the town) and they are short-handed because of the holiday so we . . . The body is still here. It is in 'Thirty,' at the end of the rear corridor. Of course the patients do not know; but you—you are sure you will not be lonely?"

The night nurse was sure. Again Miss Carithers sensed the baffling something that surrounded the other woman, and her voice took on its official tone:

"You will give Number 10 as much time as possible. He will die, I think; but if he should by any chance survive he would complete the doctor's record of one thousand successful appendicitis operations."

Miss Carithers went down the steps with a silken swish of petticoats and the night nurse began her eight o'clock round of "temperatures and nourishment." The hospital, open only to the doctor's surgical cases, was not large, and now because of the holiday season three-fourths of its rooms were empty, so the rounds were quickly made. Then the night nurse sat down in the diet kitchen and began her vigil.

The sound of a bell brought her to her feet. She knew who called without looking at the register dial. The single, apologetic tap had been impelled by no other force than the fevered hand of the little boy in Number 10. Within a fraction of a minute she stood by his bed. The appeal of the little voice was like that of the bell, self-deprecatory:

"Please mam, kin I have another swaller uv water?"

She deftly measured the prescribed "half-ounce of water when patient calls for it," and raised the little boy's head. In the light of her ten years' experience she read that Number 10 would not live. The ragged pulse, the temperature that showed on the chart as the trail of a snake—advancing, retreating ostensibly beaten only to double and crawl higher the next hour—told that the beautiful clean incision in the boy's side would not avail. Though marvellously accurate in line and depth, it had come too late.

The night nurse had not been on duty when Number 10 had been admitted; but she had had the story from the doctor's lips, a story quickly told in few words. The doctor was never wasteful of time. Perhaps he had got the habit of economizing time in the operating room where a minute more of anæsthesia might destroy his chance of

adding one more to his "record of recoveries." But in the choosing and using of the dozen or so words the doctor had shown the same sure touch with which he picked out and manipulated his shining knives, and he had etched on the brain of the night nurse a picture of a mountaineer in jeans bearing a stretcher contrived of hickory saplings and a homespun coverlid—a mountaineer who refused to lay down his burden at the hospital door, but strode in magnificent strength up the two flights to room Number 10 where he took eternal farewell of his "little feller." The picture had endured, and as the night nurse bent over Number 10 the too coldly classic lines of her face softened and her straight scarlet mouth curved to a tender flower. But the flower was a quivering flower and in her wide eyes was unrest; for the meagre words of the doctor had told more than the story of the little boy. The night nurse knew that the doctor fought with death in room Number 10 not with a zeal born of ambition to leave behind him a "record of successful cases," but with a passionate desire to give back to the big mountaineer his "little feller." The perfect machine alongside which she had worked these last years was human after all; and she who had gathered up the ruins of her life, stifling within her the palpitant thing that hurt and had in time come to a certain calm poise strengthened by the nearness of that other machine—How was she to go on alone?

Along with that palpitant thing that hurt she had stifled all thought of the man who had destroyed her, but now his image grinned at her even while she matched herself against death in room Number 10. It was the old, old story, the everlasting law of the contrary. The very brutality of the man's passion had appealed to her. His vows made at the altar had been broken within a month; but when she had come to the point where she in decency could endure no further he had wanted her as the boy wants the toy he has dissected. At the end he had risen to a certain compelling if brutal strength. "Leave me if you must," he had said, "but there is no going back for a woman like you. You are mine. I have put my brand on you."

There had been no going back for her. If thought of legal release had come to her, she had taken no action. What possible good could legal freedom work for her, a woman wearing the brand of a living man? . . .

Number 10 stirred; the light blue eyes set in the freckled face glittered fever-bright in the half light:

"O mam, kin I hev jest a mite moah uv watah?"

She held the glass until he had sucked the last drop.

"I'm afeerd I bother you a powerful lot, mam. I could do 'ithout

the watah so often, ef hit wuzn't fer my dreams. Every time I shet my eyes I dream uv our spring at home. Did ye ever drink out'n a spring mam? . . . But I'm a botherin' uv yer agin. Don' pay no 'tenshun to my foolish talk."

The night nurse held the little fingers in her cool clasp:

"Dearie!"

The word came from her lips as the halting notes of a long-forgotten tune. The little boy went on:

"Our spring's right below our house, half-way down the side uv the mountin. Hit's got a gourd hangin' by hit; but in my dreams I don't take time to drink out'n the gourd. I jes lay down an' drink, an' drink! I'm terrible fond uv stayin' 'round our spring anyhow. My mammy she's layin' down below at the foot uv the trail, an' I kin see her grave frum the spring. Sence she's been layin' there they ain't nobody to home but me an' pappy—I know my pappy's terrible lonesome 'ithout me."

A bell summoned the night nurse and when she returned to Number 10 he was in the grip of delirium. The quivering flower of her mouth again became a straight scarlet line, and the unrest in the dark eyes fled before a steady purposeful light. Surely the working of a perfect machine is in its way a thing of beauty. Bells rang at short intervals; but the night nurse answered them with a speed that enabled her to spend nearly all her time with Number 10. As the night wore away and the little voice became weaker there grew in the woman a passionate protest against the going out of the boy's life. It was past midnight when she sank to her knees: "If he could be spared," she breathed.

Then she who had asked nothing for long years was gripped by fear. The boy would die. She would be denied if indeed she had been heard. Far better had she kept silent. Automatically she responded to the call of a bell. The dial of the register showed "30," and she sped down the rear corridor. Confronted by a closed door she remembered: in room Number 30 was the dead body. Of course the wires were crossed. Some other bell had registered "30," that was all; but she would go in to make sure. She switched on the light and entered room Number 30. All was in order. On the bed lay the sheeted body undisturbed. She closed the door softly and went back to Number 10.

The little boy was nearing the end now. It would not be in merciful coma, but in a struggle. She knew the symptoms. Again the bell summoned her. She must call help now; the little boy might die while she tended another patient. On the dial of the bell register "30" again stared at her. The wires were crossed surely. She must make a

note of it on the "repairs needed" memorandum. She released the indicator, but no sooner had it dropped than the bell sounded again, and the indicator revolved to "30" before her eyes. She turned to the speaking tube and summoned the doctor to come to Number 10. His house adjoined the hospital; he would be with her immediately, he said. All the time she talked through the tube the bell rang—a soft insistent peal as if pressed by a determined hand. The night nurse knew the wires were crossed; she did not wish to leave Number 10 alone a minute before the doctor's arrival—but without volition, as one under a hypnotic suggestion, she walked slowly down the rear corridor, entered room Number 30, approached the bed, and calmly drew off the sheet.

The doctor found her there in a storm of tears. He promptly took her in his arms, but she struggled to free herself:

"We must not; I must not . . . He was . . ."

"Hush! What matter who he was? He is no more, and life is ours."

Number 10 was not dreaming of the spring now. He dreamed of clouds, banks of white and pink clouds, soft as roses. He lay on them and rested until the ache went out of his lean little back. Then he heard music. He opened his eyes. The fever glitter was gone, and in the clear light of dawn they were the same small sharp blue eyes that spied squirrels in the tallest trees. By his bed stood a man and a woman, their hands clasped. Number 10 lay silent, listening to the Christmas chimes that sounded as if all the cows in the Blue Ridge neighborhood were wandering—at last he spoke:

"Ef you're the same lady that brought me sich stingy mites uv watah last night, you've growed powerful young since then."

At noon a notably cross member of the haughty clan of electricians clumped down two flights of stairs and banged the hospital door. In the street he vented his spleen on his assistant:

"Of all the foolishness! Sendin' a hurry call for a man on Christmas Day for *nothin'*! There wuzn't a thing on earth the matter with them wires. I tested all the bells over and over, and none of 'em would register any number but its own. It all comes of havin' wimmin runnin' things. Well," a sinister smile twisted his mouth as he took out his watch, "if people will be foolish, let 'em pay for it!"

PRACTICAL SUGGESTIONS FROM MT. SINAI HOSPITAL, NEW YORK

BY MARY E. THORNTON, R.N.

DR. HOWARD LILIENTHAL, surgeon at the Mt. Sinai Hospital, gave a clinic on the morning of October 22 for the delegates to the New York State Nurses' Convention. Those who were able to be present during the operations and to hear Dr. Lilienthal's talk upon surgical technic as followed at the Mt. Sinai Hospital were to be congratulated. After the clinic the visitors were escorted about the hospital, and interesting indeed is a visit to this admirably administered institution.

Into the reception ward comes the patient, having been notified by card the day before that a bed is to be in readiness. Upon arrival each patient is given full bath, unless the temperature is 100° F., then a sponge bath is given, and is placed in male, female, or children's detention ward; in the children's ward patients are kept twenty-four hours before being sent up to the wards proper, but in the case of adults the detention is for about five or six hours. There is an isolation ward on this same floor should occasion arise for its use.

While in the reception ward the patient's temperature is taken, physical examination made, history taken, diagnosis made, and diet prescribed. When the patient is taken up stairs, his chart having with it the card of admittance, a card giving the name of the ward to which he is to be taken, a sheet with the findings of the physical examination, one with the diagnosis, the order for medication and diet and stating such treatment as may have been given in the reception ward, are sent with him. An entry is made in the reception ward of his admittance and the ward to which he is sent.

His clothing is placed in a clean sheet, a list of the articles entered in a book, giving the condition of each article: good, medium, soiled, torn; date of admission, ward to which patient is sent, number of his bed and his name, signed and dated by the nurse in the reception ward; this list is arranged with a duplicate stub which remains in the book. The original is placed on the patient's clothes which are then put in a locker. Each locker has the name of ward and number of the bed. Hats are always encased in paper bags. The clothes are baked in the morning, and twice every month the room in which the clothes lockers are is fumigated.

In the morning when the beds are being changed a circular wooden frame on castors, having suspended in it a heavy cotton bag held open by means of large eyelets which slip over wooden pegs on top of frame, is rolled into the ward, soiled articles are put in it as removed and when the work is finished the frame is wheeled out to the chute, the bag lifted out, tied at the mouth, and dropped down.

Before beginning the typhoid's bath, a clean sheet is spread on the floor under the bed, all soiled clothing and bed linen placed on this sheet, and when the bath is finished it is gathered up, put in a rubber bag, and taken down to the tank where the sheet and its contents are boiled for one hour.

Each typhoid patient has his own thermometer and rectal tube; the thermometer is kept in a tube filled with solution, suspended from head of bed. Screens used solely for typhoid beds are marked with a red ticket pinned on one corner. Patients' hands are scrubbed with bichloride daily, usually after a bedpan has been given. The nurse is instructed when bathing typhoid patients to guard against putting pins, pencils, etc., in her mouth, and is not permitted to touch her hair, when once she has started in on a bath, until it is finished. The bed-bath is given on a mackintosh covered with a sheet. In making the bed, blankets having a distinctive stripe are used and over the blanket a clean sheet instead of a counterpane is spread; all dusting of the typhoid ward is done with 2½ per cent. carbolic.

Separate bathrooms are conveniently placed and there are kept bedpans, urinals, funnel, pitcher, and basin, and other utensils used about the patient. In the case of a suspect, the dishes are kept separate, the bedpan and rectal tube as well. Clothing removed during the day is put in a can standing in the bathroom.

In the ward kitchen dishes of a distinct pattern are devoted to use of typhoids as well as silver of a different design. No carbolic is used; the waste pipe receiving the water in which dishes have been washed is flushed with soda solution. A dish pan full of water is kept standing, and if a nurse has not time to wash dishes when the patient is finished, they are placed in this pan.

Adjoining the wards in this hospital are hot-air closets of about three shelves containing blankets, bottle of saline, stupes and wringer, and a bag for infusion. On each floor a table is arranged having on one shelf the subcutaneous outfit,—a sterile towel, sterile square of dressing gauze, two subcutaneous needles with wires and glass connecting points, carrier with tubing, artery clamp, glass syringe, saline in flask. On another shelf is the intravenous set—three sterile towels,

sterile square dressing gauze, four small sponges, tubing with carrier, glass syringe, cannula with wire and glass connecting points, straight scissors, curved scissors, scalpel covered, mouse-tooth forceps, two artery forceps, anatomical forceps. On the two remaining shelves are placed green soap, ether, bichloride, ligatures and bandages, safety pins, sterile thermometer, basin with three glasses and three sponges for scrubbing up, and a rubber sheet. The whole is resterilized once a week, if not used, and is kept covered with a sheet.

Most interesting are the numerous practical devices, many of them designed by the nurses, for furthering the efficient administration of the wards and the comfort of the patients; every nurse will appreciate Miss Fletcher's perineorrhaphy straps and wonder that we have been so long without them: a strip of webbing, about three inches in width and about thirty-six inches in length, at the lower end having loops of the webbing attached to either side of the main strip to serve as anklets, similar loops serving to confine the knees, and the upper end of the strip is pinned to the perineal bandage.

Miss Fletcher has also designed a simple restraining sheet which will relieve a nurse of much of the anxiety associated with the post-operative bed,—a sheet one and one-half yards in length and the width of the bed, with three straps attached at equidistant portions of the two sides. In preparing the bed for the operative case the three straps are tied to the head, foot, and middle of one side of bed, the sheet folded back with the others until after the patient is placed in bed, when it is carried over and tied to the other side of the bed. Its length admits of free movement of hands and feet of patient.

Whoever has had much children's ward service will be interested in Miss Kerrin's "crib roof": a piece of canvas just the size of the crib is fitted with eyelets on all four sides, and, given a child determined to climb out of his crib, this canvas is laced to the top of the crib. There are two apertures which admit of the protrusion of a head but nothing more. For the prematurely-born infant, the crib sides are lined with two thicknesses of flannel, stitched up at intervals to form pockets into which hot-water bags are slipped, thus affording the necessary warmth and at the same time giving air to the weakling, done up in his wadded gauze jacket.

The hot-air apparatus consists of coils of asbestos placed in a rather deep "pie tin" fitted with sheet iron top and pipe covered with asbestos. After saturating and lighting it may be completely closed. It is placed at foot of bed, pipe extending under the usual cradle, a thermometer is hung at head of bed, and by means of the damper in

the pipe, the heat, which may be run to 250 or 300 degrees, is regulated.

The hammock-stretcher used for tubbing typhoids is made of interlaced three-inch webbing straps, three straps making the length and six straps the width, the latter having loops through which the poles are slipped. This stretcher remains in the tub during the plunge.

The side boards for the beds are at once recognized as being a necessary ward equipment, about twelve inches high, six feet six inches in length, with notches cut at either end so they will fit at head and foot and remain stationary. The boards are painted white and are invaluable adjuncts where there is a restless patient, or with a water bed.

Medicine cards are variously tinted, for the t.i.d. red, q.2.h. blue, q.4.h. yellow, etc. Each nurse's hours and responsibilities are definitely arranged, so that it is possible by glancing at the schedule card in the ward to locate any nurse at any time and to ascertain just who has the supply closet, etc., for any given hour.

All supplies and dressings come from the operating room; these are made there by probationers.

Ice is crushed by a machine in the basement and brought to the ward kitchen where it is placed in the refrigerator and taken from there as needed. This saves the time of the nurses, does away with the noise of preparation, which is so disturbing to the patients at night, and if it is not all used as cracked ice is serving the purpose of cooling the ice box.

In carrying hot receptacles to the bedside the wire trays (some of the superfluous quantity in all refrigerators) are used; for example, dish for sterilizing catheter, pus basins, lubricator, etc., may all be placed on this and put on tables which are of marble. Tissue paper is used for the thermometer instead of cotton or gauze.

Large paper bags, with the top slit in four places about four inches in depth and these pieces turned back as a reinforcement of the top, were used as receptacles for soiled linen and soiled dressings. A small paper bag, slit one-third of the way, on one side, these corners turned back and the bag fastened by two bits of adhesive to a washstand, serves as a catchall. A small paper bag is always taken to the bedside of a patient about to have her toilet made, for combings, etc.

It was not the intention to touch upon the operating room but possibly T. M. M. in November JOURNAL may be answered here. Rubber gloves are boiled for a minute, washed with green soap and warm water, dried, powdered, and sterilized for fifteen minutes. The wrists are always turned back for ease in putting on.

Of the basins, trays and other utensils used in operating work, one set is kept, always in readiness, in the instrument boiler. A stone filter which can be boiled is used with perfect results.

The nose and mouth shield for the surgeon's face is made of four folds of gauze, three inches wide. When donned, it is so separated that three folds are over the nose and one over the mouth, fastened, of course, at the back of the head.

The head covering worn by the nurses is very simple and easily arranged: a straight piece of muslin about twenty-seven inches in length and about nine inches on the sides, sloping down to twelve inches in the middle of the back. The straight edge is put on across forehead and pinned at the back, the extra length covering the hair quite to the back of the neck. A new cap just received from "the other side" is not unlike the helmets of the life-saving crews or the head covering of aeroplanists. Made of muslin and covering the head completely, with an aperture in front for the eyes, it is drawn over the head, the necessary width about the neck being confined by two pieces of tape which cross and tie.

Specially interesting is the cystoscopy room with its five or six cystoscopes. The surgeons use the cystoscopes by appointment and one nurse is detailed for the service in this room.

NEW HOSPITAL FOR MASSACHUSETTS.—The first of Massachusetts' three tuberculosis hospitals, mainly for advanced cases, has been opened at North Reading. This is the first state sanatorium in the United States, and one of the few in the world making extensive provision for the care of advanced cases of consumption. The superintendent is Dr. E. B. Emerson. Two other hospitals of this character are in process of erection at Westfield in the Connecticut Valley and at Lakeville in the southeastern part of the state.

These three hospitals were provided by an act of the legislature of 1907, \$100,000 being voted for each institution. The hospitals are being built and managed by a commission, of which Dr. Arthur T. Cabot is chairman and Dr. John B. Hawes, 2nd, secretary. Each hospital will care for 150 patients. Owing to the fact that the law providing for the hospitals strictly limited the expenditure to \$100,000 for each, including the commission expenses, they stand as models of economical, scientific construction.—*The Survey*.

NURSING IN MISSION STATIONS



(This department has a two-fold purpose,—to keep nurses in this country in touch with the work of missionary nurses, and to put missionary nurses in touch with each other, for an interchange of ideas, questions, and suggestions. All nurses engaged in mission work, of every creed and country, are invited to contribute to its columns.)



A PHILIPPINE HOSPITAL

By ROSE E. DUDLEY

THE Mary Johnston Memorial Hospital for Women and Children was formally opened in August, 1908. It is a charitable hospital, under the management of the Methodist Episcopal Church, and is located in the native section of Manila on Manila Bay.

An American doctor and American nurse are in charge. We have forty beds but so far have only been able to average twenty patients, owing to lack of funds and American help.

At present we have fifteen Filipino nurses in training. Two of these are always on night duty; one does all the dressings of hospital and dispensary patients, another is diet nurse and prepares the babies' foods, another does all the sterilizing and has charge of the surgery. Two Filipino doctors give their services to the dispensary work.

The Filipino girls are bright and interested in their work, learning very quickly as a rule, but they need constant supervision as they have no idea of responsibility.

Our teaching is all done in English, and as our first nurses had had practically no English education the work has been slow. Our junior class is composed of girls who have had several years in the public schools and their minds are alert. They have had their awakening and we see a great difference. We have lessons in the Bible, anatomy and physiology, practical nursing and dietetics, with lectures on care of children and materia medica. We are making special efforts along the lines of obstetrics and care of babies. The mothers are pitifully ignorant and suffer terribly at confinement very often, and the poor little babies get very ignorant care in many, many cases. The mother feeds the baby every time it cries, and feeds it anything that is at hand. The result is that the babies have all kinds of intestinal troubles. Very often

they are sick for weeks before any aid is sought, and then nothing can be done. We want to train our girls to care for babies and to manage normal confinement cases, for such medical help as is obtainable in the provinces is worse than none.

The nurses are always eager to teach what they have learned and their own people receive their teaching very kindly. The girls return from their vacations with stories of the sick they have helped. One girl went calling the other day on a former baby patient and found his mother feeding him *cold* milk. She was so angry she "commanded" the mother to bring the baby at once to the hospital and the mother did so. Another nurse, in calling on a former patient, objected to the way the baby was being bathed and calling for a basin demonstrated to the mother and neighbors.

We have had a number of young mothers from among the better class of Filipinos and they have proved such satisfactory patients. If they are started right we hope they will never consent to the practices so often resorted to at childbirth.

During the year September, 1908, to September, 1909, we have had 9000 dispensary patients, 361 hospital patients, of whom thirty have been obstetrical patients. We have done 3000 dressings and filled 18,000 prescriptions.

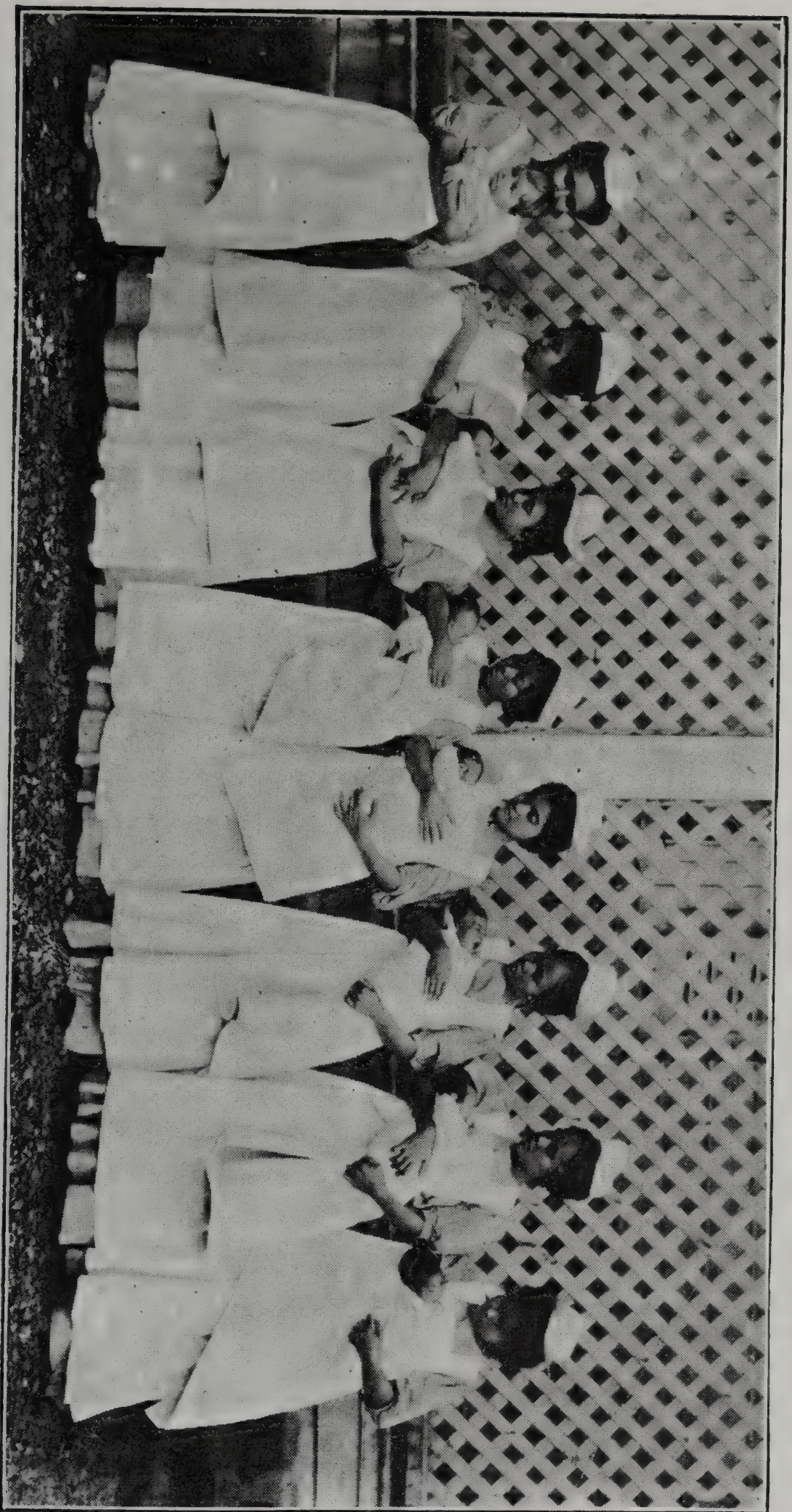
ITEMS

The China Medical Journal for September gives a review of medical education in China which includes some notices of schools for nurses.

"In connection with the David Gregg Hospital for Women (Canton), nurses are being trained. Eleven are now studying. Four have graduated. All are in constant demand and give satisfaction to both foreigners and Chinese. All are Christians."

"The Nanking Union Nurses' Home and School opened October 5, 1908. It proposes to give a three years' course to graduates of mission boarding schools and four to five years' course to undergraduates according to their capability.

"A suggestive outline of a three years' course of instruction as outlined in Isabel Hampton Robb's 'Nursing: Its Principles and Practice,' which is translated into Chinese and now in press, has been accepted by the above school. During the three years, graded instruction, practical and theoretical, is given in the following subjects: bacteriology, hygiene, household and nursing economics, including dietetics, anatomy, physiology, materia medica, the principles of nursing and their practical application to the care of medical, surgical, gynecological, and obstetrical



FILIPINO NURSES AT THE MARY J. JOHNSTON MEMORIAL HOSPITAL.

patients, as well as in mental and infectious diseases. Special attention is given to the subjects of surgical technic, massage, baths, and the ethics of nursing.

"The Central China Medical Association has undertaken to give final examinations to the student nurses and confer diplomas on successful candidates. The examining committee of said association also issues rules governing nurses.

"A resident foreign-trained nurse is to be superintendent of the school and to use the different mission hospitals of the city as the field of training, also giving personal oversight to private and district nursing done by students."

In Anking there is a training school in connection with St. James' Hospital.

"Student nurses, both men and women, were received in the departments of the hospital after the opening of the new hospital in October, 1907, but regular courses of instruction were not started until after Chinese New Year, in February, 1908. The course is for three years, after which the graduate nurses are under contract to serve the mission for an additional two years. A good knowledge of Chinese is required for entrance into the school, and lectures are given on Chinese, elementary English, elementary arithmetic, anatomy, physiology, materia medica, and practical nursing. Of course these lectures are supplemented by constant instruction in the wards, dispensaries, and operating rooms of the hospital, and diploma will be granted only after satisfactory examination on the above subjects."

"There are now in the school sixteen nurses, the full quota, ten men and six women, all of whom have had more or less of a high school education.

"Miss M. R. Ogden is in charge of the women and Miss S. C. Tomlinson of the men nurses, and it was only through their help that the starting of the school was made possible.

"The nurses receive board, laundry, uniforms, and a graded salary, ranging from fifty cents per month for the women probationers to six dollars per month during the third and fourth years of service for both men and women.

"The women and men nurses are kept carefully segregated with separate lectures on all subjects."

"The Union Training School for Nurses, Peking, was opened in October, 1906; the American Methodist and Presbyterian and the London Missions participating. A year and a half later the London Mission, having no woman physician on the field, withdrew, so that the

work at present is carried on by the two American Missions. One of the girls who entered the first year is now studying medicine, several others have dropped out for one reason or another. Some entered with the purpose of taking but one year before marrying, and are now out on country stations ready to bring real practical help to many homes about them. Eight girls are now in attendance.

"The teaching staff: Drs. Gloss and Leonard, Misses McKillican and Powell. Course three years. Practical work throughout. Lectures for first two years."

"H. H. S." writes from Bailundu, Africa:

"I should like to express my appreciation of the JOURNAL and thank all its contributors for the splendid and helpful articles they give us. I am way off in Central Africa, doing missionary nursing, and each month I look forward with eagerness to the arrival of the JOURNAL. I consider it a strong link between me and the home land."

NATIONAL CAMPAIGN OF FIRST AID TO THE INJURED.—A national campaign of instruction in first aid to the injured among men and boys in the city and country, in professional pursuits, industry, trade, and commerce, is being promoted through a co-operative arrangement of the American National Red Cross and the International Committee of Young Men's Christian Associations. To encourage this campaign, these two organizations, the latter, through its educational and physical departments, offer to those passing the regular examinations, joint certificates bearing their official seals, the signatures of their respective representatives and of President William H. Taft of the Red Cross. In this joint movement, which is probably the largest of its kind ever launched, the association is the active body, promoting and conducting the work at its various centres. It is expected that during the next few months several thousand men and boys will be effectively prepared for emergency "until the doctor comes."—*The Survey*.

Not even a Burbank would attempt to bring a plant to maturity by depriving it of light and air and sunshine, but, according to a recent report, there are 300,000 absolutely dark bedrooms in the city of New York alone, where humankind, old as well as young, are supposed to live and move and have their being.—CONFERENCE ON INFANT MORTALITY.

FOREIGN DEPARTMENT



IN CHARGE OF

LAVINIA L. DOCK, R.N.

THE EUGENICS EDUCATION SOCIETY OF ENGLAND

MANY signs and wonders portend the oncoming of a new era in civilization and in the development of the human race. Of these, one of the most significant and hopeful is the formation of associations of people who intend to investigate all the factors having to do with the propagation and rearing of the best known types of human beings. This is the purpose of the Eugenics Education Societies, wherever found, the one in England being perhaps at present the most prominent and strongly founded.

“Eugenics” means, speaking colloquially, “race betterment.” The term was invented by Francis Galton, “the first to set on foot scientific methods of measurement and calculation” in regard to human beings; who is also the founder of the “Eugenics Laboratory” organized in consultation with the authorities of the London University, where important researches are carried on in the problems of how the future generations shall be well born; who is also called the apostle as well as founder of the new science,—for it must and will prove to be the most supreme and all-important, all-embracing science known, to which all others will be but contributory—the science of developing a higher and nobler race of men.

A more scientific definition of the word than the one just mentioned is given in the circulars of the society: “Eugenics is the study of agencies under social control that may improve or impair the racial qualities of future generations either physically or mentally,” and extracts from the report of the Physical Deterioration Committee appointed by the British Government in 1904, signed by Galton, point out: that the fact that laws of heredity apply to man as well as to plants and animals, and that heredity affects the mental as well as physical qualities, is generally ignored by the public; that “degenerates” are not less fertile than normal persons, and frequently propagate children; that one of the first efforts of practical eugenics will be to restrict the breeding of the notoriously *unfit*, as later efforts must be to promote the propagation of the *fit*.

Eugenics "teaches the responsibility of the noblest and most sacred of all professions, that of parentage, and makes a sober and dignified claim to be regarded as a constituent of the religion of the future . . . the eugenist seeks to brand the transmission of hereditary disease as a crime and to extirpate such disease altogether. . . . It offers, in the judgment of many scientific students of human history, the sole chance of our escape from the fate which has overtaken all previous civilizations. . . . The young people of the next and all succeeding generations must be taught the supreme sanctity of parenthood. . . . There is here a field for moral education of the highest and most valuable kind, both for the individual and the race. . . ."

The society, through its various committees, publishes educational literature and distributes it, arranges meetings, conferences, lectures, and papers for public propaganda, and in general works on the same line as the societies for sanitary and moral prophylaxis. It publishes a journal called *The Eugenics Review* which may be ordered from the office of the society, 6 York Buildings, Adelphi, London, W. C.

The society has many members distinguished in the intellectual world. A visit made to its honorary (meaning an unpaid) secretary, Mrs. Gotto, disclosed the fact that she is greatly interested in the movement now being carried on to combat venereal diseases, and was especially pleased to learn of the resolutions carried at the International Congress of Nurses in London, to promote this movement by every means in their power. She hopes much from nurses, when intelligently awakened to human problems—every one does, about all kinds of problems; but this is one intimately connected with health, and nurses who marry and have families should find their knowledge and training an excellent preparation for taking up the higher study of eugenics. Such women, if they entered the society, should be a most valuable and effective source of strength to it.

It would seem that the English nurses have been more courageous and more earnest in taking up the matter of sanitary and moral prophylaxis than the physicians. England has as yet no society, such as has been formed in America and in most European countries, composed of medical men, teachers, and leaders of progress among the laity. Perhaps the example of the nurses may stimulate one to arise, or perhaps the Eugenics Society might develop a strong committee to work on this special line. We were told, in London, that a woman physician had requested to be allowed to read a paper on the lines of sanitary and moral prophylaxis at a medical meeting composed of both men and

women physicians, but that her request was refused and she was not allowed to bring the matter up. Great and wide-spread interest is being shown in the three papers that were read on this subject at the congress. So many requests for the full text have come to the *British Journal of Nursing* that they may possibly be issued as reprints.

THE women physicians of England, being repressed in the medical societies as to the crusade against venereal disease, carry their activities and energies into "The British Committee of the International Federation for the Abolition of State Regulation of Vice," the honorary secretary of this committee being a physician, Dr. Helen Wilson. As the name explains, this society stands for the overthrow of the present horrible system usual on the continent, of state licensing and supervision of vice under a set of special police called, most cynically, "morals police." This system was established for twenty years in England and was overthrown by a great uprising of women.

THERE is a vexing question discussed just now, in England, in regard to venereal diseases, namely, "notification," and with it is connected the sinister phrase "detention in hospital." Those who study past history and present dangers will see that this is only a subtle attempt to introduce in specious guise the old evil of "regulation" under police control, of the women only, not the men, who lead immoral lives. The wisest medical authorities agree that compulsory notification and treatment would defeat their own ends, just as regulation has done. Ample free treatment should be provided for all, boards of health may well take censuses of venereal disease so that the public may know its extent (and there is much that they can do in sanitation and teaching), patients should be encouraged to avoid quacks and seek medical aid early, but any hounding of individual patients can only be possible with those who are defenceless. The long period of time needed for cure makes isolation resolve itself into imprisonment for a few. Nurses, accustomed to see scarlet fever, etc., isolated, should not conclude that venereal diseases can be reckoned with in the same way. Only full, free public enlightenment is hopeful, for these diseases are absolutely avoidable, and people only need to be taught how to avoid them. We had better limit our activity to educational propaganda and not take part in projects for direct legislation at present.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

MALARIA TREATED WITH INJECTIONS OF QUININE.—The *Medical Record*, quoting from the *Lancet*, says: G. W. Young reports three cases of malaria occurring in young males. In all the stomach was intractable to quinine and they were given injections of ten grains inserted deep into the gluteal muscles, after which the stomach became more tolerant and they were quickly cured. The salt used was the acid hydrochloride. One of the cases was of the tertian type and the other two quotidian.

THE AIR OF THE OPERATING ROOM AS A POSSIBLE FACTOR IN THE INFECTION OF WOUNDS.—The *New York Medical Journal*, quoting from the *American Journal of Obstetrics*, says: Robb offers the following conclusions: 1. Floor. An antiseptic in the wash water on the floor made a difference in the bacteria falling on the plates used for experiment per minute. 2. Fan. In some cases the use of a fan seemed to make perceptible difference, in other cases it did not. 3. Walls. This was found to be an important factor, colonies of bacteria being absent if the walls had been carefully scrubbed one or more days before the experiment was made. 4. People in room. This was also important, no colonies of bacteria falling on the plates on Sunday when there were no people in the room. 5. The *Bacillus pyocyaneus* was found in a room in which a patient infected with this organism had been operated upon three weeks previously. 6. In the uncared for pathological laboratory there were moulds but very few bacteria excepting bacteria coli. 7. In summer with windows open bacteria were more numerous than in winter with the windows closed.

NEURASTHENIA.—The *Medical Record*, quoting from a German contemporary, says: Jendrassik discusses this disease and concludes that it is a single definite disease, the symptoms of which may vary greatly in individual cases. There is, however, no definite symptom group characteristic of neurasthenia; it is more the combination of changing symptoms which characterizes it. The basis of neurasthenia is a hereditary increased irritability of the nervous elements of definite

portions of the brain. There is no brain weakness. On the contrary the brains of neurasthenics are more active than those of the healthy. The increased irritability causes a restlessness, even an ability for greater activity. The neurasthenic cannot be separated from the normal by any sharp line of demarcation. The mild cases border on the normal and the severe ones verge into paranoia.

CYSTOSCOPY.—Catheterization of the ureters is a comparatively new achievement, though experimenters have been at work on instruments and devices which should make it possible since 1807. The object is, of course, to get specimens of urine from each kidney separately as a means of diagnosis of kidney disease. The latest and most successful device for doing this is the cystoscope, a tube which combines a tiny electric light and either one or two catheter points; by this means the interior of the bladder is lighted and the entrance to the ureter is made sure. In using the instrument antiseptic precautions are observed. The parts are cleansed as usual and the cystoscope, which has been kept in an atmosphere of formaldehyde gas, is immersed in a strong formalin solution for thirty minutes, then washed with sterile water. With the earlier instruments pain was produced and a general anæsthetic was necessary; now local anæsthesia is used, as the perfection of the instrument has resulted in its having a smaller calibre. Those interested in studying the subject more in detail will find an article in the October number of the *Yale Medical Journal* by Dr. P. Duncan Littlejohn.

BACKWARD SCHOLARS.—The *Medical Record* in an abstract of a paper in *Gazzetta di Roma*, says: Giacinto Fornaca discusses the education of backward children in public schools. There are two classes of deficient—those who are backward because they are not regular in attendance, this being the result of physical incapacity in some line, such as deafness or poor vision, and those that are deficient mentally. Some children do not advance because they are poorly nourished, others because they are growing and developing fast and have not strength enough to study well. Those who are deficient mentally may or may not show it in their looks. Some are apathetic, others too vivacious and irritable; both classes are unable to concentrate their attention on any subject. Some of these children show a loss of memory, while others have an excellent memory for music or mathematics. These children are well pleased with themselves, having no idea that they are acting foolishly; they may be emotional, sentimental, or affection-

ate. Some show a marked overactivity and cannot refrain from slapping or pinching their fellow scholars. Important factors in the etiology of such conditions are alcohol, syphilis, tuberculosis, and toxic and infective conditions in the ancestors. This deficiency may be congenital or acquired, and epilepsy is frequent among these children, either petit or grand mal. The reflexes may be exaggerated, and there may be a spastic condition of the limbs, with spasmodic movements. As to the pathology of these conditions, sufficient examinations have not been made postmortem. The treatment of these cases involves treatment of their eye condition, hearing, removal of adenoids, etc., in the first class of cases. The treatment of the mental defectives involves special schools, in which the children can be individualized, and the same teaching gone over day after day and hour after hour, interspersed with rhythmical exercises. They should be much in the open air, under the best possible hygienic conditions, and separated from their parents for the entire year, since when they leave school and return to their homes they rapidly go back to their original state.

CURRENT LITERATURE OF INTEREST TO NURSES

Medical Record, October 2, "The First American Hospital," James J. Walsh, M.D.; October 16, "The Borstal System for the Treatment of Juvenile Criminals," Editorial; October 23, "The Use of Ethyl Chloride as a General Anæsthetic," G. Mather Sill, M.D.; October 30, "Dysentery Carriers," Editorial. *New York Medical Journal*, October 2, "Treatment of Hookworm Disease," Editorial; October 9, "Mental Hygiene," C. E. Wood, M.D.; October 16, "The Personal Side in the Treatment of Tuberculosis," Howard D. King, M.D.; October 23, "Method of Home Modification of Cow's Milk for Infant Feeding," Herman B. Sheffield, M.D.; October 30, "Treatment of Typhoid Fever," M. B. Ferstler, M.D. *Journal of the American Medical Association*, October 16, three papers on typhoid, by Drs. Dutton, Stone, and Lumsden, and the discussion following; "Practical Window Ventilation," William J. Manning, M.D.; "Diabetes," "Institutional Care of the Insane," Editorial; October 30, "The Wet Dressing in Surgery," Charles A. Parker, M.D.; November 6, "Alcohol." *The Survey*, October 16, "Atlanta's Tuberculosis Dispensary for Negroes," Rosa Lowe; November 6, "Sanitation in the Philippines," Victor G. Heiser, M.D. *McClure's Magazine*, November, "The Daughters of the Poor," George Kibbe Turner; "Pellagra," Marion Hamilton Carter. *The Outlook*, November 13, "The New Philanthropy," by Alida Lattimore.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE.



IN CHARGE OF
HARRIET FULMER

THE AFTER EFFECT OF SUMMER OUTINGS UPON LIVING CONDITIONS IN THE CONGESTED DISTRICTS

BY MABEL JACQUES

Formerly Special Tuberculosis Nurse, Visiting Nurse Society, Philadelphia

THERE are very few people who at some time during the summer months do not see a crowd of children boarding a boat or a train to be taken away for a ten days' or two weeks' outing. Sometimes these children are pale, emaciated little cripples, being taken off to a sanatorium by the sea-side, where the salt air and good food will help to put color in their faces and flesh on their bodies; or we may find a crowd of apparently healthy little rowdies, typical street urchins, already bronzed and rosy from the city's sun, the type of children one sees capering to the music of a hurdy-gurdy. Perhaps one almost wonders why it is necessary for these children to be sent away at all, that perhaps they are keeping sickly ones from the benefit of the outing. This is rarely the case at the present day, when there are so very many places for the children to go to that it is hardly necessary for any poor child to do without the outing if he applies.

Just what does this outing mean to the children of the congested districts? I have already pointed out the benefit to be obtained by the crippled child from the sea air. Most crippled children are tuberculous, and it is to the sea-shore that these children are sent if possible. Here we find that old wounds are healed, little weak backs are strengthened, and much is done toward the prevention of the disease. The question, however, very naturally arises as to the continuance of this improvement when they return home. This is a most reasonable one, when people who are dealing with the admission of children to the institutions find the same children returning year after year always, apparently, in very much the same condition as the previous year.

Take also the children who are sent away for a country week, not necessarily sick children, but those gathered in from the highways and

byways of the slums, sent out to see God's country at some comfortable farm for one week of the sweltering summer. You wonder, perhaps, what one week can mean to these children, and we read in the joke columns of the daily papers the now rather trite stories of the little girl who refused to eat her apple pie at a farm house because there was no cheese and of the boy who cried because he missed the tall buildings. These and hundreds of similar stories we read and are told, but we hear less about the thousands of children who welcome the first sight of the green fields with cries of delight, and whose one week is a continual round of wonder and enjoyment for them; who, as soon as they reach home begin looking forward to the next summer and wondering if they will have the good luck to go away.

So much for the effect that the outings have directly on the child. There is, however, a still greater result,—the influence that the child unknowingly exerts over his family and associates upon his return.

To the casual observer this possibly is hard to realize, but visit the houses of these children before they go away, and a few weeks after their return go again. Do not expect to find a whole family reconstructed,—where there was filth, absolute cleanliness; where there was crowding, plenty of space. This would be phenomenal. But there are little ideas that these children bring back with them. The following incident shows the smallness of these ideas and yet the great influence for good that they eventually bring about.

While taking a girl of seven years from the station to her home one day last summer, I questioned her about what she had done while away. She had been to the Gwynedd Home for Convalescent Children, one of those model institutions that the country is blessed with. She told me the good things she had to eat, of the flowers they picked and the games they played, and then, drawing her little figure up, in a proud way, she added, "And they made us brush our teeth every morning and night," and quick as a flash she drew from a newspaper package a bristling object, exclaiming, "See, they gave me a toothbrush all of my own to take home." The passengers on the car laughed, never dreaming of the untold good the little toothbrush was to do.

Just a year later I visited the home of that child to make arrangements for her to go away again. "Shall I take the toothbrush?" she asked, almost the first thing. Upon my expressing surprise that she still had the brush, she said, "Oh, my father got me a new one and my brother and sister have one too." Further questioning revealed the fact that all the members of the family had them, and, what was better still, used them; and it did not stop there, for every child had

his or her own particular friend, and this child's friend must do as she did. What a great deal of disease in this world is due to dirty mouths and teeth, and what a wonderful thing is being accomplished by keeping one family and a neighbor's with clean mouths!

I found a little Italian girl industriously cutting down her eldest brother's and father's shirts. Upon my inquiring as to the cause of this, she exclaimed, "To make nightgowns for my little brother and sister, like they do at the sea-shore." She had been away one week, and never before had gone to sleep in anything but the clothes which she had worn all day. I could recount many more stories, all rather similar in their meaning, and all emphasizing the good influence upon general living conditions that summer outings and visits to the sea-shore sanatoria undoubtedly exert.

ITEMS

ELLA P. CRANDALL

Nurses Settlement, New York

PERHAPS the most important event to nurses engaged in district nursing and social welfare work is the fact that Miss Waters' book on "Visiting Nursing in the United States" has been put into the publisher's hands. Reviews of the book will follow in an early number of the *JOURNAL*, but it is worth remarking at this time that the book marks an epoch in an important phase of nurses' activities and is certain to be impressive to its future readers. It shows from cover to cover painstaking, conscientious labor in its compilation; and future thesis writers will, no doubt, give many a sigh of relief that information, which up to this time was inaccessible, has been placed within their reach. Its record of fine achievements must add dignity to the nursing profession.

The book, however, is not a compilation only. The brief historic outline, the arguments, the principles, have been presented with attractive simplicity, and most important of all is the wide range of the nurse's usefulness that has been more clearly presented than ever before.

GRADUATE nurses inspired to obtain more complete preparation for their work are to be found enrolled in the Hospital Economics Course at Teachers' College, and in the Schools of Philanthropy. There is evidence on the part of the nurses of an awakening to the need of further social education to meet the large demands for social welfare work now made by the general public.

It is gratifying to know that the nursing profession is making ready to take its full share in the stupendous movements of the times for civic righteousness and social uplift.

LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

A COSTLY DELEGATE

DEAR EDITOR: I would like the enclosed expense account published in the JOURNAL and wish you would ask other delegates to send theirs for publication for comparison. As this amounts to over \$27 a day for one person, it would be interesting to know what others had to pay.

EXPENSES OF ONE DELEGATE TO MINNEAPOLIS, MINN., COVERING FIVE DAYS

Ticket	\$34.80
Pullman	14.00
Hotel (room)	24.50
Board	39.25
Cabs	3.00
Tips to waiters and porters.....	5.00
Car fare	1.75
Substitute	10.00
Trunk transfer	1.50
Laundry	1.25

\$135.95

L.

[It would seem hardly necessary to give a word of caution to nurses representing their associations at our large gatherings in regard to extravagance of any kind. We think one distinguished by her association in having this privilege should, if anything, be more careful in regard to economy than if she were meeting her own expenses. Our own rule is to select a small room, without bath, to avoid cabs as much as possible, to limit our tips to waiters to the proportion of 10 per cent. of the bill, and to select the simpler and less expensive articles of food on the menu. Where the hotel service is extravagant, we take part of our meals at a nearby restaurant. We took these same precautions when, as an examiner, our expenses were paid by the state. Those who have had a wide experience of the responsibility of spending other people's money are more particular in regard to these matters than in spending their own.—
EDITOR.]

ADVICE SOUGHT

DEAR EDITOR: What strength carbolic and formalin solutions are being used by the hospitals for disinfecting operating room walls? I have been using 1-1000 bichloride and find it stains the walls unless used sparingly.

In replying to "An Inquirer" in the October JOURNAL, I wish to say that

I do not know whether it is customary for surgeons to have a nurse for assistant, but I am assistant here, and a doctor from Columbus also has a nurse assistant, both having another doctor for the anæsthetic. M. M., Ohio.

SUGGESTIVE

DEAR EDITOR: Enclosed you will find fifty dollars to cover the expense of twenty-five subscriptions for the AMERICAN JOURNAL OF NURSING. I will ask to have these subscriptions begin with the November JOURNAL if possible.

Our senior classes hereafter will make the JOURNAL a text-book for class readings and class discussions, and I hope that by the time they are ready to leave the school they will have formed such a "Journal habit" that they will be unable to get along without it.

The Sisters all remember with pleasure your visit to Mercy Hospital and hope that you will find it convenient to come and see us if you are in Chicago again. Needless to tell you that we all enjoy the magazine and look forward to its monthly visit. With best wishes for your success, I am,

Sincerely yours,

SISTER M. VERONICA,
Superintendent of Nurses.

JOURNAL COMMENTS

DEAR EDITOR: A short time ago I received my first subscribed copy of the AMERICAN JOURNAL OF NURSING and have read it from cover to cover.

The International Council and Congress in London must have been an inspiration.

I am nursing on an island where one finds sanitary difficulties similar to those Isabel McIsaac mentions in her "Household Hygiene," and as I am practically housekeeper as well as nurse, I find myself spending about a third of my time fighting these conditions outside the sickroom. Would that every intelligent person on the island might read and appreciate that article.

"A Plea for the Profession of Private Nursing" deserves attention and thought. The suggestions seem plausible and excellent.

Concerning the printing of answers to examination questions, may I add my plea to the list. Although a comparatively recent graduate and desirous of "keeping abreast of the times," I find that as experience increases I have little time or inclination for real study and research. It necessitates the having at hand of any number of text-books. The printing of answers would enable one to "brush up" on half a dozen questions during a leisure ten minutes.

I was interested and somewhat amused on reading "Trans-Missouri's" letter in the October issue. Evidently our sister has not taken into consideration the fact that all nurses are not gentlewomen.

I call myself a Bostonian and only last winter I made the acquaintance of a nurse of average ability, though not a graduate of my own school, who appeared to be in her element when chewing gum, and whose conversation was punctuated with slang. Some nurses do not look upon the profession as seriously as others. I feel that there is hope for the nurse "across the aisle." Perhaps at some future time she will come in touch with nurses of "Trans-Missouri's" type who will influence her to "act the better part." Personally, I believe in the highest ideals, the most faithful service.

VIA NANTUCKET.

PRESERVATION OF JOURNAL ARTICLES

DEAR EDITOR: I cannot carry all my JOURNALS about with me, or even preserve them, so I have taken a number of large envelopes and labelled them typhoid fever, tuberculosis, gynæcology, etc. Into its own envelope I slip any article that I find of especial practical value and which may help me some day while at work. One or all of these envelopes can be carried easily in a suit case and will be at hand to offer valuable help in time of need. L. B., R.N.

A REPLY

DEAR EDITOR: I would like to answer the two parts of the first question on "Hospital Policies" in the October number. From the standpoint of right I believe it to be perfectly right for a trained nurse, who is competent to do so, to act as a surgeon's only assistant at a major operation. The responsibility is with the surgeon and not his assistant, and if the surgeon is satisfied with the ability of a trained nurse to be his assistant that is sufficient. According to the best information I can get I find that it is becoming more and more the custom among surgeons to employ trained nurses as surgeons' assistants. One of the leaders along this line was Dr. W. J. Mayo who employed Sister Mary Joseph as his assistant for twenty years. I consider that work as surgeon's assistant to be a great field for competent trained nurses. I have been acting as a surgeon's only assistant for more than a year. The same questions are involved concerning the trained nurse as an anæsthetist and many are successful in that position. M. S. STEVENSON.

THE GUILD OF ST. BARNABAS

I.

DEAR EDITOR: The Charleston branch of The Guild of St. Barnabas for Nurses wishes to enter an emphatic protest against the substance of an article published in the October issue of your JOURNAL, criticizing adversely the chaplain of this branch, the Rev. Louis G. Wood. The said article represents our chaplain as implying that the Guild has been the means of revolutionizing the social status of the nurses, and as making the statement that "ten years ago nurses were social outcasts."

At the May meeting of the Charleston branch to which, we presume, the "Recent Member" alludes, a letter was read from the chaplain-general, questioning the branch as to the means of increasing an interest in the work of the Guild. This letter brought forth a lively discussion on the discouraging phases of our work and finally to a motion from an active member of the Guild that this branch be disbanded. On this motion Mr. Wood made a most eloquent appeal for the continuance of the work, setting forth the religious and social opportunities which the Guild affords to nurses who are placed by their work in strange cities and far from home ties.

To us it seems inconceivable that any one present should have misconstrued his statements to mean anything derogatory to the nurses or to the profession of nursing; his sole purpose being to sift thoroughly certain discouraging features of our local work and to find a remedy therefor.

The Guild of St. Barnabas (which surely could have no other object than the welfare of the nurses) was established in Charleston by Mr. Wood, and he has, through the six years of its existence, proved his loyal and continued

interest. A man of progressive spirit, strong personality, and wide sympathies, he has been "instant in season and out of season" in his helpful ministrations; ready at all times, whether personally or through the Guild, to labor for the welfare of the nurses.

We ask that this expression of confidence and regard for our chaplain receive space in your next issue.

Respectfully,

JEANNIE O. M. CORNELL,
Assistant Secretary.

Charleston, South Carolina.

II.

DEAR EDITOR: May I reply to "A Former Member of St. Barnabas Guild," regarding the communication in your October issue? The Guild, primarily, is intended to be a religious organization, designed to incite nurses of all denominations to do better work and be better women. The social meeting, which is held after the religious service, is intended to promote good will and good fellowship among the members, and to my knowledge friendships have thereby been formed that never would have been had the social side been neglected.

It seems to me that a nurse has no time to bother over her "social status." Under all conditions a woman is what she makes herself, so what is the use of taking up an unfortunate remark which was surely not intended to give offence? Any woman joining the Guild in sincerity and living up to her promises cannot fail to be lifted up to a higher plane morally and socially, and surely it is worth while to take advantage of opportunities for meeting and knowing such women.

A MEMBER OF THE PHILADELPHIA BRANCH OF THE GUILD OF ST. BARNABAS.

III.

DEAR EDITOR: As an associate of St. Barnabas Guild and one who dearly loves our Guild and knows what a blessing and help it is to many nurses, may I reply to the inquiring nurse who asks what are the social benefits to be derived from membership in the Guild, by saying, if I thought that the social object of the Guild was its prominent feature, or could be made so, I should join hands with this Charleston nurse and with her send in my resignation. My reason for belonging to and staying in the Guild, and I think most of its members feel as I do, is entirely to be found in Article II of our Manual—the first and all-important object for which the Guild stands: "To assist its members in realizing the dignity of their calling and in maintaining a high standard of Christian life." There it is in a nutshell. Every nurse goes into her profession with enthusiasm and high ideals of what she will accomplish. When she meets the trials and disappointments that are sure to come to her as she goes out into the world from her training school, how many are able to fulfil this early promise? And just for this reason does the Guild exist to reach out and give assistance to the nurse.

A DEVOTED ASSOCIATE MEMBER OF ST. BARNABAS GUILD FOR NURSES.

IV.

DEAR EDITOR: It is a matter of regret that absence from my residence on a case has prevented me from replying in time for the November issue to the

letter from "A Former Member of St. Barnabas Guild," published in the October issue of the JOURNAL.

One is led to suppose from the letter that the Guild has been presented to this nurse solely or chiefly as a social organization, existing only for the social benefit of the nurse and of her profession.

Let us refer to the Guild's Constitution and we will find that Article II, which deals with the object of the Guild, has two sections,—Section 1, religious, Section 2, social,—showing that the Guild gives its religious privileges, advantages, and obligations pre-eminence to those of its social side.

Space would not permit saying all that could be written concerning Section 1, and of the satisfaction and blessings which the religious side of the Guild can afford to those who will avail themselves of it; nor does it seem quite the place here to go into the details of the charitable and missionary work which the religious side of the Guild is handling.

That the good judgment and personality of a branch's chaplain goes a great way toward helping its members to profit from the religious as well as social side of the Guild I firmly believe. In our branch we have always been singularly blessed with good chaplains.

As to the social side which the "Former Member" asks about, let us consider Section 2, which reads: "Social: By associating nurses together, and with them other women, as friends, to provide under God's blessing some of the comforts and power gained by such an association." As a Guild member I have gradually come to feel that we are not to interpret this section as meaning that the "comforts and powers gained by such an association" come only to nurses, but rather, I think, all members, whether active or associate, have something to exchange with one another in friendship and good fellowship, so that the pleasures, comforts and powers are reciprocal. These "other women" referred to in Section 2 need our friendship and we need theirs. That friendship may become the means of preventing biased opinions on the part of all of us toward one another—on the part of nurses toward lay women and on the part of lay women toward nurses. Again, if the lay woman never meets the professional woman, excepting as haphazard chance brings them together at the home of some mutual friend, until she is forced to meet her as the professional nurse who is entering her home to care for some loved one, do you think she can have quite that comfortable feeling toward her that she would have had she previously known her as "Miss Jones, a member of our Guild"? The question is answered when we recall the many times we hear it stated that a family wants the same nurse their friend has had, "because we feel we know her."

Do we not hear nurses sometimes say, "I don't like to live in a house where there are only a lot of nurses"? That is because the nurse who says it instinctively feels the need of association with "other women."

I doubt if it was ever supposed that the Guild in this country would even *try* to "revolutionize the social status of the profession at large." It would seem a matter of irrational judgment to suppose that any *religious* organization would revolutionize the *social* status of *any* profession. It seems illogical. A local religious organization of any kind may possibly (other conditions being favorable) revolutionize the social status of an individual or of a small group of individuals; but if so, it would be as *individuals* apart from the fact that they might or might not be professional people.

What social advantage is the Guild to us as professional women? Our Guild medal is the silent introduction when among strangers. According to the Rules of Life we are to "greet any one wearing the badge without waiting for a formal introduction." This rule when adhered to by all members becomes particularly pleasant for a nurse when away from her home travelling among strangers, to which the writer could testify were it not her wish to be impersonal. Of course a prudent woman will always exercise judgment as to the extent of familiarity she will allow between herself and total strangers.

If our sister nurse would like further evidence of the Guild's advantages she may address me personally. Feeling, however, that the other Guild members may want some of the JOURNAL's space for replying to the October letter, I must now close with sincere good wishes to the "Former Guild Member." With the hope that she may again become connected with the Guild, I remain,

Cordially,

C. MAY HOLLISTER,

Active Member of the Orange (N.J.) Branch, Guild of St. Barnabas for Nurses.
October 30, 1909.

V.

DEAR EDITOR: It strikes me as rather foolish for the St. Barnabas Guild members to get "huffy" over a possibly misunderstood and in any case unfortunate remark of one chaplain. The Guild is a world-wide movement; there are branches everywhere, and many members have been helped both socially to meet interesting people and financially to tide over an illness. A member of my acquaintance recently was suddenly taken ill on the train, and the person who came quickest and most effectually to her aid was a St. Barnabas Guild member who happened to see her badge as she fell.

The "Former Member" also seems to forget that the most important advantage accruing from membership is a spiritual one. From the very nature of their work and their lives nurses are prone to become somewhat hardened and cynical, and no influence is so sure to counteract this as a religious one. I say, long life to the Guild, and may I always remain a member; it has done for me what no other organization, nursing or otherwise, could do—helped me to "keep sweet."

A PRESENT AND FUTURE MEMBER OF ST. BARNABAS GUILD FOR NURSES.

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL

MEETING OF THE EXECUTIVE COMMITTEE OF THE ASSOCIATED ALUMNÆ

A MEETING of the Executive Committee of the Associated Alumnæ was held in Cleveland on October 27, six out of the seven members being present. Mrs. Robb was appointed chairman of a committee to draft a circular letter on the JOURNAL Purchase Fund, to be printed in the JOURNAL and sent to the associations. It was planned to call the 1910 meeting the Jubilee Meeting in honor of the fiftieth anniversary of the establishment of training schools for nurses in America, and to call one whole day Jubilee Day, the Superintendents' Society and the Associated Alumnæ to join forces for one big evening meeting, the day to be spent in visiting the Island institutions. It was recommended that the conventions be held the first week in June.

A feature proposed for the program is a symposium on the Private Duty Nurse, with papers on the domestic view, the physician's standpoint, special duty in institutions, from the public view, etc. It was decided to ask Miss DeWitt to preside at this session.

Minnie H. Ahrens has been obliged to resign from the transportation committee and Margaret P. Little, 79 Dearborn Street, Chicago, was appointed to fill the vacancy.

All associations which change officers during the year are asked to notify the secretary, Agnes Deans, 661 Cass Avenue, Detroit, if they wish to be sure of receiving the communications due them. A number of letters were returned last year on account of wrong addresses.

CONTRIBUTIONS TO THE JOURNAL PURCHASE FUND TO NOVEMBER 13, 1909

To contributions previously acknowledged.....	\$469.00
Michael Reese Hospital Alumnæ Association.....	\$55.00
Mercy Hospital Alumnæ Association.....	50.00
Memorial Hospital, Richmond, Alumnæ Association....	25.00
Memorial Hospital, Richmond, Honorary Member.....	5.00
Graduate Nurses' Association of Cleveland.....	25.00
Missouri State Nurses' Association.....	50.00
Georgia M. Nevins	25.00
Oregon State Nurses' Association.....	50.00
New York Hospital Alumnæ Association.....	100.00
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H. B. Monteith50 \$393.00
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\$862.00	

Rochester Homeopathic Hospital Alumnæ Association,
one share AMERICAN JOURNAL OF NURSING stock.

ANNA DAVIDS, R.N., Treasurer.

CHANGES IN THE ARMY NURSE CORPS, FROM AUGUST TO NOVEMBER, 1909

APPOINTMENTS: Armstrong, Victoria E., graduate of the Erie County Hospital, Buffalo, 1908; assistant directress of nurses, West Pennsylvania Hospital, Pittsburg, Pa. Bell, Bessie S., graduate of the Boston City Hospital Training School, 1906. Bricker, Leonora, graduate of the City Hospital Training School, Springfield, Ohio, 1907. Pinches, Ethel Jane, graduate of the McKeesport Training School, McKeesport, Pa., 1905. Nichols, Ruby E., graduate of the Sarah Leigh Hospital, Norfolk, Va., 1908. Riedy, Josephine, reappointed in September, graduate of the General Hospital, Kansas City, Mo., 1905. Stuart, Millicent, graduate of the Royal Infirmary, Dundee, Scotland, 1906. Tierman, Pamela E., graduate of the Somerville Hospital, Somerville, Boston, 1909. Wimbish, Mary E., graduate of the Sarah Leigh Hospital, Norfolk, Va., 1908.

All of the above are assigned to duty at the General Hospital, Presidio of San Francisco, California.

DISCHARGES: Corbett, Mrs. Mary V., from General Hospital San Francisco, Cal. Fisher, Iza, from Fort Wm. McKinley, Rizal, P. I. Forsythe, Mary R., from General Hospital, San Francisco, Cal., to be married. Hensel, Josephine, from Fort Wm. McKinley, P. I.; discharged after reaching home. Johnson, Sigrid C., from Division Hospital, Manila, P. I., to be married in Manila. McKallip, Elsie M., from Division Hospital, Manila, P. I. Postlewait, Clara L., from General Hospital, San Francisco, Cal. Sagar, Sarah, from General Hospital, Fort Bayard, New Mexico, to be married.

TRANSFERS: The following nurses were transferred from the General Hospital, San Francisco, to the Philippines Division, and have been assigned to duty at the Division Hospital, Manila, P. I.: Rose E. Abel, Henrietta Davidson, Lulu Horn Detweiler, Katherine Dwyer, Sophy Mary Burns, Helen M. Pickel, Marie E. Logan, and Ethel S. Williamson.

The following have been transferred from San Francisco to Fort Bayard: Jeanette E. Allen, Josephine Anslyn, and Pearle B. Beecher.

From Fort Bayard to San Francisco: Mary V. McVan and Madeleine M. Pampel.

From the Philippines Division to San Francisco: Sarah M. Hepburn, Emma

Rorthfuss, and Clara B. White for duty; and Chief Nurse Edith May Shaw for treatment.

Transferred to the Division Hospital, Manila, P. I.: Hannah P. Morris, from Camp Keithley; Elizabeth D. Reid, from Fort Wm. McKinley; and Maude B. Kee and Paula E. Nordhoff, from Camp Jossman.

Transferred from Division Hospital: Amalie Ida Haentsche to Camp Keithley; Hannah A. Kallem to Fort Wm. McKinley; Maude B. Kee and Paula E. Nordhoff to Iloilo, Panay.

Marie A. Riordan has been temporarily appointed as chief nurse at the Division Hospital, Manila, P. I., in place of Miss Shaw.

JANE A. DELANO, R.N.,

Superintendent, Army Nurse Corps.

MISS DELANO has been making a tour of inspection through the army posts of the west where nurses are stationed. She planned to be back in Washington early in December.

CHANGES IN THE NURSE CORPS OF THE UNITED STATES NAVY

APPOINTMENTS: Hess, Mary Irena, Columbia and Children's Hospital, Washington, D. C. Reed, Jennie May, Clinton Hospital, Mass., post-graduate, General Memorial Hospital, with head nurse experience at Bellevue Hospital, New York City. Claflin, Elsa Hoyt, Illinois Training School, Chicago, Ill., post-graduate course and head nurse experience at Bellevue Hospital, New York City. Palmer, Mary, New England Baptist Hospital and St. Margarets Infirmary, Boston, late superintendent Haskins Hospital, Rockport, Mass. The above nurses are all on duty at the Naval Medical School Hospital, Washington, D. C.

TRANSFERS: Hewitt, Elizabeth M., from Naval Medical School Hospital, Washington, D. C., to U. S. Naval Hospital, Brooklyn, N. Y.

ESTHER V. HASSON, R.N.,

Superintendent Nurse Corps, U. S. N.

MAINE

Portland.—THE MAINE GENERAL TRAINING SCHOOL ALUMNÆ ASSOCIATION held its annual meeting at the nurses' home on November 3. Officers were elected as follows: president, Sara A. Lyons; vice-president, Edith L. Soule; secretary, Elizabeth F. Chase; assistant secretary, Hattie Hohenfeld; treasurer, Maria F. Irish. Executive Committee, Alice M. Lord. Sick Benefit Fund Committee, Maud Batson, Josephine McLaughlin, Emma Chapman. Registry Executive Committee, Dr. Lucinda Hatch, Alice M. Lord, Sara A. Lyons. A committee of five was appointed to arrange for some exercises to celebrate the twenty-fifth anniversary of the training school. The report of Miss Bishop, delegate to the Associated Alumnae which met at St. Paul, Minn., was read, and tributes to the late Drs. C. O. Hunt and S. H. Weeks prepared by Miss Noyes were read by Miss Soule; the school having met with an irreparable loss by the passing away of these physicians, who had been interested in its welfare and had given generously of their time and talent to bring it up to the high standard it has maintained.

MASSACHUSETTS

Boston.—THE BOSTON NURSES' CLUB has the following program for 1909-10: October 7, "Privileges and Responsibilities of Club Life," Dr. William M.

Conant; October 21, "Modern Specific Methods of Treatment in Infantile Diarrhœa," Dr. Charles H. Dunn; November 4, "The Important Function of the Milk Station Nurse in the Reduction of Infant Mortality," Dr. John Connolly; November 18, "Hospital Architecture," Mr. Edward Stevens; December 2, "Accidental Infections in Syphilis," Dr. Morton Smith; December 16, "Character," The Reverend Samuel Drury; January 6, "The Ear," Dr. George Loring Tobey; January 13, "Alaska with Stereopticon Views," Mr. Frederick Brooks; January 20, "Joint Infections and Their Treatment," Dr. MacAusland; February 3, "The Murphy Treatment," Dr. John Connolly; February 18, "Tuberculosis," Dr. Charles S. Millet; March 3, "The Treatment of Pneumonia in Children," Dr. Henry Bowditch; March 17, "A Trip Abroad in the Interest of Nursing," Miss Martha Stark; March 31, "Treatment of Diseases of the Heart," Dr. Elliot P. Joslin; April 7, "The Eye," Dr. P. Somers Smythe; April 21, "Tuberculosis Work at the Boston Dispensary," Miss A. S. Petersen; May 5, "Surgical Technic," Dr. Farrar Cobb; May 19, "Obstetrical Nursing," Dr. James Torbert; June 2, "Nursing in Relation to the Nervous System," Dr. E. W. Taylor. The club has rented another suite in addition to the one it now occupies.

THE MASSACHUSETTS GENERAL HOSPITAL ALUMNÆ ASSOCIATION held its annual meeting in the Thayer Library on October 26, Miss Anderson, the president, presiding. The meeting was well attended and was made interesting by the reports of the delegates who attended the Associated Alumnæ meetings in Minneapolis. The treasurer's report of the Sick Relief Fund was encouraging. Six applications for membership were accepted. The meeting was followed by a social hour.

Boston Harbor.—THE LONG ISLAND HOSPITAL NURSES AND DOCTORS enjoyed an unusually pretty Hallowe'en party. The decorations of the nurses' home were orange and black with witches and pumpkins in plenty. Games and dances divided the time, and fortunes were told by some of the nurses dressed as witches and gypsies. Dr. Donlon, superintendent of the hospital, provided refreshments, and Miss Chisholm, superintendent of nurses, acted as hostess.

Malden.—THE MALDEN HOSPITAL ALUMNÆ ASSOCIATION held its monthly meeting at the home of the president, Mrs. Carter, at Everett, on the evening of November 2, with ten members present. Dr. William H. McBain gave a lecture on "Obstetrics in Private Practice." The next meeting will be held December 7, at 7.30 p.m. in the lecture room of the nurses' home of the Malden Hospital. Dr. C. D. McCarthy, who has recently returned from a trip abroad, will lecture. All graduates are invited.

RHODE ISLAND

THE RHODE ISLAND ASSOCIATION OF GRADUATE NURSES has new officers as follows: president, Abby E. Johnson; vice-president, Elizabeth F. Sherman; recording secretary, Sarah Barry; corresponding secretary, Rhoda G. Packard; treasurer, Lottie A. Beckwith.

CONNECTICUT

THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT held its regular quarterly meeting at Wright Hall, Hartford, on November 3. Miss Wilkinson presided. The secretary's report was read and approved. The chairman of the membership committee reported that eighty-three members had made no response

to the notice sent to all whose dues had been unpaid for two years. It was voted to send further notices stating that after three months their names would be dropped from membership. Miss Wilkinson made an address on the needs of the association and of the examining board. Winifred Hardiman read a paper on tuberculosis, dealing principally with the conditions in hotels. This was followed by a discussion. There followed a social hour with music and refreshments. The next meeting will be held in Waterbury the first Wednesday in February. Thirty-six members were present.

EDITH BALDWIN LOCKWOOD, R.N., Secretary.

Hartford.—THE ST. FRANCIS HOSPITAL TRAINING SCHOOL ALUMNÆ ASSOCIATION held its semi-annual meeting on November 3, with the following program: Registration of members, payment of dues, reading of minutes of last meeting, reports of president, secretary, and treasurer. Papers: "The Nurse's Duty in Caring for a Typhoid Patient," H. A. Garvey, 1907; "The Private Duty Nurse," M. Kiniry. Election of officers: president, N. A. Ryan, 1902; vice-president, M. T. Ryan, 1906; secretary, E. I. Marshall, 1907; treasurer, R. T. Moore, 1908. Executive Committee, H. A. Garvey, 1907, M. A. Sayers 1904, E. A. Fitzgerald, 1907. The address to the alumnae, composed by A. Z. Lynn, 1910, and delivered by S. C. Martin, 1910, paid a glowing tribute to the president and to each class in particular, concluding by wishing the class of 1910 the same success as their elder sisters. Several musical selections followed. Rev. Mother spoke briefly to the alumnae, urging them to continue on in their good work, emphasizing three special points: a cheery hopeful countenance while caring for the afflicted, self respect, and the spiritual as well as the corporal care of their patients. A dainty supper was served in the lecture hall. The call of duty all too quickly separated the happy band, which had come from Hartford, Waterbury, Bristol, and New Britain.

NEW YORK

THE NEW YORK STATE NURSES' ASSOCIATION held its eighth annual meeting in New York City, October 19 and 20. An unusually large number of delegates, members and guests enjoyed the excellent program. Dr. John Wyeth, president of the Academy of Medicine, welcomed the guests, and the following papers were read: "The International Congress in London," Lavinia L. Dock, R.N.; "The Working Girl and Her Problems," Mrs. Florence Kelley; "Social Service," Dr. Goldwater; "The Private Duty Nurse, Her Place and Her Opportunities," Katharine DeWitt, R.N.; "Present Methods Used in Medical Nursing," Louise M. Marsh, R.N.; "Present Methods Used in Surgical Nursing," Agnes S. Ward, R.N.; "The Nursing Service of the Metropolitan Life Insurance Company," Ella Phillips Crandall; "Red Cross Nursing," Jane A. Delano, R.N.; "The Central Registry," Sarah F. Martin, R.N.; "The Work of Nurses in Division of Child Hygiene Department of Health," Dr. S. J. Baker; "The Bureau of Municipal Research," Dr. William H. Allen. Mrs. Burrill, the president, gave a report of the Associated Alumnae meeting. The report of the Red Cross Committee was read and in compliance with its recommendation the association decided to affiliate as a body with the National Red Cross. Miss Martin's paper on central registries was the subject of much discussion and the imperative need for one in New York was emphasized. The association decided that a committee of five be appointed to confer with the county association and to report to the executive committee and to the next annual meeting. Miss Crandall's talk on

insurance nursing was full of suggestions for a great future along that line and the discussion following brought out the suggestion that the nursing of people of moderate means might be solved by the insurance companies. The invitation to hold the next meeting in Rochester was accepted. Resolutions were passed thanking the Metropolitan Life Insurance Company for the hall, the chairman of the program committee and of the committee on arrangements, the nurses of the city, and especially the out-going president for her untiring work. The new officers are: president, Mrs. C. V. Twiss, R.N.; vice-presidents, Anna L. Alline, R.N., Frida L. Hartman, R.N.; secretary, Mrs. Ernest G. H. Schenck, R.N.; treasurer, Lina Lightbourne, R.N.; trustees, Mrs. H. D. Burrill, R.N., Mary A. Samuel, R.N.; candidates for the Board of Nurse Examiners, Lydia Anderson, R.N.; Amy M. Hilliard, R.N. Nominating Committee, Misses Evans, Wadley, Bewley. Executive Committee, Misses Lurkins, Duncan, Dewey.

CIVIL SERVICE EXAMINATIONS will be held in various cities throughout the state on December 11 for the position of trained nurse in state institutions. These are open to men and women, salary, \$420 to \$600 and maintenance. Candidates must be graduates of a general hospital and training school or of a state hospital training school registered by the State Education Department. Applications must be filed with the State Civil Service Commission at Albany before noon of December 4.

THE STATE DEPARTMENT OF HEALTH is sending to the health officers of all communities in the state an outfit for free distribution for the prevention of ophthalmia neonatorum. Every physician and every midwife is supposed to have at least one of these outfits in the obstetrical bag. It consists of a small glass tube containing sufficient nitrate of silver solution for use for one child, and a sterile pipette for use in making the application. Accompanying these is a circular setting forth concisely the disease, its extent, the preventive measures for pregnant women, for the child at birth, the use of the prophylactic, and the treatment of the disease. Nurses should disseminate a knowledge of this disease, they should supply themselves with the circulars and see that they reach the women dependent on the services of the midwife.

New York City.—MISS MAXWELL, SUPERINTENDENT OF NURSES AT THE PRESBYTERIAN HOSPITAL, wishes again to call attention to the Eliza DeWitt memorial room in that hospital. It was endowed by Mrs. Morris K. Jessup in memory of her mother and is available to all graduate nurses needing medical or surgical care. It is a most beautiful memorial and one fully appreciated by members of the nursing profession.

THE POST GRADUATE HOSPITAL NURSES' ALUMNÆ ASSOCIATION is to hold a fair at the Waldorf-Astoria Hotel, December 9 and 10, for the benefit of its fund for sick nurses. The members are very anxious to put this fund on such a financial basis as to preclude any possibility of disaster, and are therefore making this fair especially attractive and will have a large assortment of Christmas gifts at reasonable prices. One feature of the fair will be a raffle of a fine motor boat. The noted palmist, Sterling, will give his services for both evenings. A special feature will be a nurses' and doctors' supply table. There will be entertainment furnished by a number of noted artists.

THE NEW YORK COUNTY SUBDIVISION OF THE RED CROSS held its annual meeting on November 5. Dr. Brannan spoke on "How the Red Cross May Aid in the Fight Against Tuberculosis in New York City."

THE BELLEVUE NURSES entertained on November 2 in their attractive club rooms. A wonderfully interesting lecture upon the lay of the land of ancient Rome was given by Miss Pritchard, of Rome, Italy. The lecture was illustrated with slides of maps and pictures of buildings, and showed the various stages of the work of excavation. After the lecture, tea was served.

THERE WILL BE A MASS MEETING of the New York County Nurses' Association at the Academy of Medicine, 17 West 43d Street, New York City, on January 4, 1910, at 8 P.M. The subject for discussion will be "A Central Registry."

THE ROOSEVELT ALUMNÆ ASSOCIATION held its annual meeting at the hospital on November 4, when the members elected these officers for the coming year: president, Nona Charles, R.N.; vice-president, Elsie M. Galloway, R.N.; secretary, Jessie B. Downing, R.N., 6 East 72d Street, New York City; treasurer, Elizabeth C. Burgess, R.N.; trustees Mrs. Tuttle, Misses Syme, Sheppard, Campbell, Dennison.

THE NEW YORK THROAT, NOSE AND LUNG HOSPITAL threw open, on November 1, a four-story building adjoining the hospital which has been specially reconstructed for the treatment of tuberculous patients. A night camp for men is known as the Emma Calve ward, since it is through Madame Calve's generosity the ward was furnished. It is designed for patients in the incipient stage, still able to attend to business during the day. The dormitory contains twenty-four beds, some of these being placed end to end, the length of a gallery which runs around three sides of a room; windows opening outward, and two large skylights, give practically an open-air sleeping place. The beds are made with a wool blanket on the mattress, under the lower sheet, one over the upper sheet, and an extra one at the foot of the bed. Beds are covered with dimity spreads. Beside each bed is a glass top table. Patients arrive before dinner and leave after breakfast. There are heated dressing-rooms, lavatories, and a sunken shower bath, a dining-room, and a reading-room. Diets will be carefully supervised and a general living plan outlined to the patients. Medical treatment is given as indicated.

AT TEACHERS' COLLEGE, on Fridays at 2 P.M., Miss Wald is giving a course of lectures which should interest all nurses. Those given in November were on settlement work, district nursing, and school nursing. That on December 3 will be on "Convalescence and Follow-up Work"; December 10, "The Civic Relation of Visiting Nursing, The Nurse as a Citizen."

THE LEBANON HOSPITAL ALUMNÆ ASSOCIATION resumed its regular meetings at the training school on October 12. They will be held on the second Tuesday of each month at 8 P.M. until June. Every third meeting will be a social one. Ten new members have been admitted during the year. The following officers were elected: president, Anna Reilley; vice-presidents, Matilda Doyle, Grace Herrington; treasurer, Mary Dalton; secretary, Charlotte Miller, 1070 Intervale Avenue, New York City; trustees, Misses Clancy, Doyle, Horwitz; chairman of registry committee, M. J. Clancy; chairman credential committee, A. Reilley; chairman entertainment committee, M. Dalton. Ways and means are being studied whereby the association may control the nurses' registry connected with the hospital for the benefit of the Lebanon graduates. A masquerade ball is being planned for the benefit of the bed fund; the date is not set, but it will probably be in January.

MARGARET M. McCLOSKEY, graduate of the Long Island Hospital, Boston,

is taking post-graduate work at Bellevue and Allied Hospitals, and is now stationed at Harlem Hospital.

THE NEW YORK CITY TRAINING SCHOOL holds its meetings on the second Tuesday of each month at the Academy of Medicine, 17 West 43d Street. Lucy Moore has accepted a position as superintendent of the Marsalis Sanatorium at Dallas, Texas. Miss MacQueen, class of 1903, has accepted a position as head nurse at Gouverneur Hospital. E. C. Humphrey, class of 1908, is head night nurse. Kathryn Murphy, class of 1908, has accepted a position at Willard Parker Hospital. Kate B. Holden, class of 1880, completed last July twenty-five years of service for the Board of Health and retired, with many expressions of appreciation for her work. Miss Fisher, class of 1899, is organizing district work in Hackensack, New Jersey.

Brooklyn.—THE BROOKLYN HOSPITAL TRAINING SCHOOL ALUMNÆ ASSOCIATION held its monthly meeting at the training school on November 2. Miss Healy, delegate to the Associated Alumnæ, read a report of the meetings. Miss Dewey, chairman of the Red Cross committee, reported that three graduates were furnished for relief stations in Brooklyn during the Hudson-Fulton celebration. The club-house committee will serve tea at the club-house, 172 Lafayette Avenue, every Wednesday afternoon, from three to five, during the winter. Members are cordially invited.

THE LONG ISLAND COLLEGE HOSPITAL ALUMNÆ ASSOCIATION held its regular meeting in November at the hospital. It was one of special interest and was well attended. Several members gave reports of the state association meeting, each taking a different subject. The association voted to give fifty dollars to the JOURNAL Purchase Fund of the Associated Alumnæ, this sum to be supplemented by individual pledges. Five new members were admitted and two proposed.

GRACE SCOTT, class of 1904, Methodist Episcopal Hospital, has been appointed assistant supervisor in the Seattle General Hospital, Seattle, Wash. Martha St. J. Eakins, class of 1905, has resigned her position as head nurse in St. Christopher's Hospital, Norfolk, Va., and is taking the course in Hospital Economics, Teachers' College.

Saratoga Springs.—THE SARATOGA HOSPITAL ALUMNÆ ASSOCIATION held its regular meeting at the hospital on November 28. The president, Miss Eighmey, presided. A talk on district nursing was given by Dr. Mills Varney. One new member was admitted. A social hour followed.

Utica.—BESSIE TIBBITS has been appointed to the position of assistant superintendent of the Training School for Nurses at the State Hospital. Miss Tibbits served a year as nurse in the Binghamton State Hospital for the Insane, and after a course of two years was graduated from Faxon General Hospital at Utica. After engaging for about two years in private nursing, she became attached to Herkimer Hospital, from which she went to Utica.

Syracuse.—THE HOSPITAL OF THE GOOD SHEPHERD ALUMNÆ ASSOCIATION held its regular meeting on October 28 with a good attendance. After transacting important business, the members adjourned to the hospital to hear an illustrated lecture on tuberculosis by Dr. B. W. Sherwood. Eight members of the association attended the state meeting in New York; Mrs. Burrill was elected a director, and Miss Lightbourne was re-elected treasurer. Ida M. Marker, who has been for two years superintendent of nurses at the Hospital of the Good Shepherd,

has resigned. She is succeeded by Edith W. Seymour, a graduate of the school, who is assisted by Jessie Broadhurst.

Rochester.—THE ROCHESTER HOMŒOPATHIC HOSPITAL ALUMNÆ ASSOCIATION held its annual meeting at the hospital on November 2. Elizabeth Webber, delegate to the Associated Alumnæ, gave a report of the meetings. It was decided to give one share of JOURNAL stock to the Associated Alumnæ. The following officers were elected: president, Bertha Phillips, 210 Alexander Street; vice-presidents, Misses Wilkins and Reed; corresponding secretary, Ida J. Anderson; recording secretary, Helen Winans; treasurer, Emily J. Jones.

NEW JERSEY

THE NEW JERSEY STATE NURSES' ASSOCIATION will hold its semi-annual meeting at the Public Library in Jersey City on Tuesday, December 7. The morning session will begin at 10. At the afternoon session Annie Damer, R.N., president of the New York State Board of Nurse Examiners, will speak on "Why New Jersey Needs Registration." All nurses, graduate and pupil, are cordially invited to attend.

NEW JERSEY has a new state law requiring physicians and midwives to file all birth certificates within five days, with a fine of fifty dollars for failing to comply.

PENNSYLVANIA

THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES issues the following statement: "The Pennsylvania State Board of Examiners for Registration of Nurses was created by the last legislature, and the appointments made by Governor Stuart; it has no affiliation with any other board, society or hospital, school or sect of medicine; its object is to protect the public and the medical profession against persons not properly educated for the responsibilities of a nurse, and give nurses due recognition for their attainment. The law provides registration for all persons, whether resident or non-resident of this state, having had two years' instruction in nursing, and graduated from training schools that, in the judgment of the board, give adequate practical and theoretical experience to make the graduate nurse capable of nursing all forms of illness. The non-residents would expedite the consideration of the application if they would send to the board as much information regarding their school of training as possible, such as catalogue of hospital, curriculum, etc. There will be no examinations held until June 1, 1912; previous to that time nurses should make application to the secretary for blanks. These, when properly filled out, should be returned to him with the fee of five dollars; the application will then be passed upon by the board and if nothing unfavorable appears a certificate will be issued authorizing that nurse to be known as a 'registered nurse.' An official pin has also been authorized, which can be bought from J. E. Caldwell & Co., of Philadelphia, for \$2.00, \$5.00 or \$6.50. The purchase of this pin is entirely optional with the individual nurse." At a recent meeting of the board 263 nurses were granted registration. A meeting was also held on November 3. All communications should be addressed to Dr. A. E. Blackburn, secretary and treasurer, 3813 Powelton Avenue, Philadelphia.

Philadelphia.—THE HOWARD HOSPITAL NURSES' ALUMNÆ ASSOCIATION held its regular business meeting on October 6 at the hospital with fourteen members

present. On the evening of October 16 the alumnae gave an informal reception to the graduates of 1909. Thirty members were present; supper was served in the nurses' dining-room.

THE HAHNEMANN HOSPITAL held graduating exercises for the senior class of the training school on the evening of November 2 in Holy Trinity Parish House. There were eight graduates. On the evening of November 3 the nurses' alumnae association gave a reception to the graduates.

IDA F. GILES, R.N., has been appointed instructress of nurses at the German Hospital.

Pittsburg.—THE PRESBYTERIAN HOSPITAL GRADUATES met on October 15 and formed an alumnae association with thirty-five members. The officers are: president, Miss Speer; vice-presidents, Misses Swearingen and Stener; treasurer, Miss McWilliams; secretary, Miss Steele.

Reading.—THE READING HOSPITAL ALUMNÆ ASSOCIATION held its October meeting at the training school, with twelve members present. One new member was added. A letter was read from Sarah Hallman, a graduate of the school, now superintendent of nurses at Pyeng Yang, Korea. There was a question box, and nursing questions were discussed.

DISTRICT OF COLUMBIA

Washington.—THE EPISCOPAL EYE, EAR, AND THROAT HOSPITAL is incorporating a post-graduate school for nurses. The course will cover six months with lectures by the best specialists in the city. A few students are already enrolled.

THE ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS is employing a nurse to give talks on hygiene in the public schools. Last year Mrs. Truman of the Presbyterian Hospital, New York, gave a course of lectures modelled after those which have proved satisfactory in Pittsburg; owing to ill health she is forced to discontinue her work, and the position is vacant.

ANNA J. GREENLEES, R.N., graduate of the Garfield Memorial Hospital, has recently been appointed to give a course of lectures on elementary principles of nursing to members of the Crittenden Home Training School. This is the first appointment of a nurse as a lecturer there, though several physicians are employed. The object of the school is to train matrons for the various homes throughout the country, this being the national home.

MARY E. P. DAVIS, who retired from the position of business manager of the AMERICAN JOURNAL OF NURSING on October 1, was appointed on November 1, secretary of the registry of the Graduate Nurses' Association of Washington.

MARYLAND

Baltimore.—BERTHA MCNAMEE, of the Mercy Hospital, has assumed charge of the nursing department of St. Joseph's Hospital, Savannah, Ga.

VIRGINIA

Richmond.—THE VIRGINIA HOSPITAL TRAINING SCHOOL ALUMNÆ ASSOCIATION held a called meeting at the hospital on October 21, twenty members being present. Much business was transacted, followed by a social hour. It was decided to hold the meetings hereafter on the first Tuesday of each month.

The regular monthly meeting was held on November 2. As Miss Simmons, class of 1904, had taken charge of Virginia Hospital since the last meeting, a motion was made to extend to her a welcome with good wishes for her success. Miss Simmons replied expressing her appreciation. Plans were discussed for entertaining the state association in January, and several nurses are applying for state membership. Eighteen were present at this meeting. Virginia Lambert, class of 1904, has been made assistant superintendent. Helen M. Orchard, class of 1903, now superintendent of Rex Hospital, Raleigh, North Carolina, is recovering from a serious illness. Jane Anne Eckles, class of 1903, has resigned her position as superintendent of The Pines, Black Mountain, North Carolina. Miss Keister, class of 1909, has a position at the City Hospital.

Charlottesville.—THE NURSES' REGISTRY ASSOCIATION met on October 5 at the University Hospital, with eight members present. This meeting ended the first year, during which time 180 calls have been filled. Four new members were voted into the registry. The loss of two charter members was regretted. The registry was dissolved and merged into the Graduate Nurses' Association of Charlottesville, which association met half an hour later with ten members present. The officers elected for the ensuing year are: president, Miss T. Hurdley; vice-president, Miss Allen; secretary and treasurer, Mary Fletcher; committee, Ada Wilton, Isabel F. Grant, and Mrs. G. W. Harris. The association is to meet every second and fourth Tuesday during the winter, alternating between the University of Virginia Hospital and the Martha Jefferson Hospital. Miss Hurdley made a plea for a district nurse for Charlottesville and asked each member to try to interest the citizens of Charlottesville and the University of Virginia in this noble work.

THE GRADUATE NURSES' EXAMINING BOARD OF VIRGINIA will meet to examine applicants for registration at the Hotel Monroe, Portsmouth, on December 9.

LEAH DE LANCEY HANGER, R.N., Secretary.

WEST VIRGINIA

THE GRADUATE NURSES' ASSOCIATION OF WEST VIRGINIA held its annual meeting in Parkersburg, October 12-14. The sessions were largely attended and showed much enthusiasm. The following officers were elected: president, Mrs. George Lounsbury, Charleston; secretary, Mrs. M. F. Dudley, Lone Lands, Wheeling; assistant secretary, Mrs. Bullard, Wheeling; treasurer, Loretto McPhail, 1240 Lynn Street, Parkersburg. The next meeting will be held in Charleston. Mrs. Mary Carpenter was elected delegate to the Associated Alumnae meeting in 1910, with Mrs. Lounsbury as alternate.

Charleston.—A SCHOOL NURSE has been installed. There are over 5000 school children in the city and the nurse is making first a systematic examination of all backward children; she will then examine all the rest. Lectures on hygiene are given every week to the mothers, and lessons on first aid are given the teachers.

NORTH CAROLINA

Charlotte.—THE CHARLOTTE SANITARIUM'S FIRST GRADUATING CLASS met at the nurses' home October 18 to organize an alumnae association. The following officers were chosen: president, Florence L. Haines; vice-president, Katherine A. Olevill; secretary, Lena M. Weller; treasurer, Mary L. Call. A committee of five was appointed to prepare a constitution and by-laws to be voted upon

at the next meeting which will be held at Wrightsville Beach in June, 1910. There are nine members and one honorary member, Miss Cherryman, superintendent of the sanitarium.

OHIO

Cincinnati.—THE JEWISH HOSPITAL ALUMNÆ ASSOCIATION resumed its regular meetings at the hospital on November 5, Miss Roberts, the newly-elected president, presiding. In a brief address, she referred to the advantages of a central directory for nurses. After the favorable consideration of four applications for membership and the disposal of other business, an address was given by Miss Greenwood, superintendent of the hospital and honorary member of the association, on the necessity of nurses joining and supporting a central directory.

MICHIGAN

THE MICHIGAN BOARD OF NURSE EXAMINERS was appointed by the governor the latter part of September as follows: Dr. J. F. Shumway, secretary of the State Board of Health; Dr. W. Scidmore, of St. Joseph; Elizabeth Flaws, superintendent of Butterworth Hospital, Grand Rapids; Mrs. Elizabeth Tacey, graduate of St. Mary's Hospital, Detroit; Miss A. M. Galbraith, graduate of Butterworth Hospital.

Ann Arbor.—THE UNIVERSITY OF MICHIGAN HOSPITAL has made the following changes: Mary Haarer resigned as superintendent of nurses and is taking the course in Hospital Economics at Teachers' College; she is succeeded by Mrs. Anna Whitely, graduate of the Cleveland General Hospital. Ethel Chisholm resigned as assistant superintendent to become superintendent of the Union Hospital, Terre Haute, Indiana; she is succeeded by Elizabeth Holt, of Butterworth Hospital, Grand Rapids. Capitol Morley resigned as night supervisor and is succeeded by Antoinette Light, a graduate of the hospital. Ada Smith, a graduate of Bronson Hospital, Kalamazoo, and of the graduate course at the Presbyterian Hospital, Chicago, is head nurse of the men's surgical ward, made vacant by the promotion of Miss Holt. May Williams resigned as head nurse of the maternity ward to do hourly nursing in Oberlin, Ohio, and is succeeded by Marion Parks, a graduate of the hospital.

THE UNIVERSITY HOSPITAL ALUMNÆ ASSOCIATION has elected the following officers: president, Fantine Pemberton; vice-president, Marion Parks; secretary and treasurer, Antoinette Light, University of Michigan Hospital.

WISCONSIN

WISCONSIN NURSES have held two large meetings with a view to forming a state association and securing registration. At the September meeting, Caroline Seidensticker, who was largely instrumental in securing legislation in Illinois, talked on "Organization and Registration." The October meeting was highly honored by the presence of Isabel McIsaac, of Michigan, and Genevieve Cooke, of California. A committee on constitution and by-laws was appointed and the executive committee was instructed to draft and send throughout the state a circular letter setting forth the objects of the association and asking for co-operation from nurses and from school and hospital authorities. At the meeting held November 30 in Milwaukee Dr. Caroline Hedger spoke on "Moral Prophylaxis." The secretary is Gertrude Iserman, 266 11th Street, Milwaukee.

Wauwatosa.—THE MILWAUKEE COUNTY HOSPITAL, on October 22, graduated a class of nine. The address was made by Isabel McIsaac on "The Nurse's Place in the Community." The Nightingale Pledge was administered by Genevieve Cooke. An interesting feature of the evening was the presence of four generations of nurses, the superintendent of the school, Helen Kelly, being a former pupil of Miss McIsaac's, whose first superintendent, Mrs. Dewey (Miss Brown) was also present.

MINNESOTA

THE MINNESOTA GRADUATE NURSES' ASSOCIATION held its fifth annual meeting on October 12. Edith Gatzman was elected president to succeed Mrs. Alexander Colvin, who has served the association as president since its organization. There was an interesting discussion on the question of affiliating alumnæ, county, and the state associations so as to equalize fees. A committee was appointed to study the matter and report at the semi-annual meeting.

Brainerd.—THE NORTHERN PACIFIC HOSPITAL TRAINING SCHOOL held its graduating exercises at Elks' Hall the evening of October 15. There were four graduates, whose class motto, "I Was Sick and Ye Visited Me," formed part of the decorations. Hon. Leon E. Lum, of Duluth, presided, and addresses were made by Dr. R. D. Campbell, of Grand Forks, and Rev. J. H. O'Mahoney. Laura Whittaker, superintendent of nurses, administered the Nightingale Pledge to the graduates and gave an interesting report of the school. Secretary Laidlaw presented the diplomas and pins. All the speakers expressed appreciation of the work of Miss Whittaker and her assistant, Miss Strangways, and regret at their contemplated retirement in the spring.

ILLINOIS

SUGGESTIVE OUTLINE OF INSTRUCTION to be followed in relation to the teaching of preliminary nursing in nurse training schools in Illinois for the first three months, prepared by the Board of Nurse Examiners.

First Four Weeks.—1. Talk by superintendent—Requisites of a woman taking up the study of a nurse as a profession, 1 hour. 2. Talk by superintendent—Personal life of a nurse. On duty. Ethics of, 1 hour. 3. Talk by superintendent—Personal life of a nurse. Off duty. Ethics of, 1 hour. 4. Care of nurses' bedroom, bathroom, etc., at the nurses' home, 1 hour. 5. Charts. Charting. Attention to be extended to the newly admitted patient. Care of patient's clothes. Care of clothes closet. Care of patient's valuables. Attention to be extended to the discharged patient, 2 hours. 6. Mechanism and care of carts, chairs, bed-side tables, bed-rests. House telephones, signals, fire-drills, etc., 1 hour. 7. Heating and ventilating systems used in the hospitals, 1 hour. 8. Care of vacant rooms. Preparation of private room for the admission of patient, 1½ hours. "Hygiene for Nurses"—McIsaac, Chapters I, II, III, 6 hours. Total number hours of class work, 15½ hours.

Second Four Weeks.—9. Care of bathrooms. Care and disinfection of bed-pans, urinals, waste buckets, rubber goods, sputum cups. Care and disinfection of discharges. Preparation for the laboratory of various specimens, such as fæces, urine, sputum, 2 hours. 10. Care of pillows, mattresses, and clean linen. Folding of linen, care of soiled linen, 2 hours. 11. Cleaning, carbolizing, and making empty beds, 1½ hours. 12. Simple nourishments. Hospital diet

lists. Time of feeding. Methods of feeding. Preparation of the following, to be served to patients: Milk, cold and hot; broth; malted milk, cold and hot; lemonade; egg-nog; beer; orangeade; gruel; root-beer; soda pop; buttermilk; fruit juices, 3 hours. 13. Care of patients' backs, mouths, and nails. Evening care of convalescents. Evening care of bed patients, 1½ hours. 14. Making of occupied beds. Positions of patients. Fracture beds, 1 hour. 15. Temperature, pulse, and respiration, 2 hours. 16. Baths for cleanliness. Tub, bed, spray, and sitz. Hair washing, 2 hours. "Hygiene for Nurses"—McIsaac, Chapters IV, V, VI, 6 hours. Oral review on 16 headings, 2 hours. Written review on 16 headings, 1 hour. Oral review on hygiene, 2 hours. Written review on hygiene, 1 hour. Total number of hours class work, 27 hours.

Third Four Weeks.—17. Expected results from the applications of cold and heat. Heat, moist—stupes, poultices, etc. Heat, dry—hot water bag, jug, and alternatives. Cold, dry as ice bags, coils, poultices, etc. Cold, moist, as packs, plunge bath, showers, etc. Counterirritants, such as mustard, iodine, turpentine, 3 hours. 18. Making of an anæsthetic bed. Care of anæsthetized patient, 1 hour. 19. Elementary materia medica. Making of solutions; boric acid; castor oil; common mercury compounds; common potassium comps.; common sodium comps.; iodine; alcohol; hypodermic medication; carbolic acid; magnesium sulphate; camphor; cascara; mustard; turpentine; morphine, 5 hours. 20. Elementary pelvic anatomy of women. Enemata. Douches. Catheterization, 2 hours. 21. Principles of sterilization and disinfection. Disinfection of hands, utensils, and instruments, 1½ hours. 22. Preparation of patient to send to operating room, not including the preparation of the field, 1 hour. 23. Principles of lavage and gavage. Care of the dead, 1 hour. 24. Duties and ethics of night duty, 1 hour. "Hygiene for Nurses"—McIsaac, Chapters VII, VIII, 2 hours. Oral review on 8 headings and text, 2 hours. Written review on 8 headings and text, 2 hours. Total number of hours class work, 21½ hours. Three months class work, 64 hours.

The ideal method of teaching nurses is first by placing before them the theory, followed by demonstration. Many times these may be combined. The demonstration is best taught by the following method: 1. The preparation and all work is done before the pupil by the demonstrator. 2. The preparation and after-care of materials used by the pupil and work done by the demonstrator. 3. Preparations, work, and after-care of materials done by the pupil in the presence of the demonstrator. The demonstrator may be the superintendent of nurses or one of her assistants who is equipped for the work.

No work should be done with patients until a demonstration has been completed on that especial piece of work, while baths, care of anæsthetized patient, giving of medicines, critical cases for temperature and pulse, enemata, douches, catheterization, lavage, gavage, care of the dead, night duty, or special duty should not be imposed upon a pupil nurse until after said pupil has received full instructions, has done the work satisfactorily under observation, and has received the uniform.

Chicago.—THE ILLINOIS TRAINING SCHOOL ALUMNÆ ASSOCIATION at its October meeting voted to give two of its three shares of JOURNAL stock to the Associated Alumnæ. Miss Hay has returned from a three months' trip abroad. The following graduates have taken up private duty in distant cities: Martha M. Hirth in Salt Lake City, Utah; Bessie Howland in Portland, Oregon; Ida

Hickman in Aberdeen, Washington. Mary Watson has resigned as assistant superintendent at the Contagious Hospital to take a position in Morenci, Arizona; she is succeeded by Eleanore Reed. Miss B. Wood is head nurse in Ward 7, County Hospital. Tessoria Baker is assistant superintendent at the West Side Hospital. A demonstration clinic is to be given December 2 in the amphitheatre of Cook County Hospital, by the alumnae association. There are to be a number of demonstrations including an exhibit of materials used in teaching mothers hygienic care of their babies by Christine Jaffek. Nurses from other schools are cordially invited to attend.

ST. LUKE'S ALUMNÆ ASSOCIATION held its regular meeting on October 19, Miss Eldredge presiding. The members voted to give one share of JOURNAL stock to the Associated Alumnae. Dr. Joseph Brenneman addressed the nurses on "Infant Feeding." Miss Bradley has accepted the position of infirmiry nurse in the Kammahamaha School for Boys, Honolulu.

INDIANA

THE STATE ASSOCIATION gives the following report of the election of officers, as presented by the inspectors of election, Florence Martin, R.N., judge: president, Mary B. Sollers, R.N., Richmond; vice-presidents, Elva Mills, R.N., Dublin, Lora Roser, R. N., Crawfordsville; secretary, Mae D. Currie, R.N., 39 The Meridian, Indianapolis; treasurer, Anna Rein, R.N., Indianapolis. Chairmen of standing committees: legislative, Mrs. Lillian Edgerly, R.N., La Fayette; by-laws, Lizzie Cox, R.N., Elizabethtown; credential, Mrs. Martha Elliott, R.N., Fort Wayne; public health, Mrs. Charles J. Cook, R.N., Indianapolis; alms-house nursing, Mrs. Frances Teague, R.N., Marion; Red Cross, Elizabeth Johnson, R.N., Indianapolis; arrangement, Florence Martin, R.N., Indianapolis; nominating, Anna Rein, R.N., Indianapolis.

NEBRASKA

THE NEBRASKA STATE BOARD OF NURSE EXAMINERS is ready to receive applications for registration. Communications should be addressed to the secretary, Anna E. Hardwick, Orthopædic Hospital, Lincoln, Neb.

THE NEBRASKA STATE ASSOCIATION OF GRADUATE NURSES held its third annual meeting at the Methodist Episcopal Hospital, Omaha, October 28, with a large attendance. Miss Fisher, delegate to the Woman's Federated Clubs convention held in Lincoln in October, gave an interesting report. Miss Hardwick reported that the Board of Registration is ready to receive applications. It was decided that the association should hold its meetings quarterly instead of monthly, and that the January meeting be held in Lincoln. The topic of papers and discussions is to be "Nursing of the Insane." Miss Fisher was appointed to arrange the program. Mrs. Edholm, secretary of the State Tuberculosis Association, gave an address in the interest of the Christmas stamps. The members agreed to assist in selling them. The gift of a silver cup was made to Mrs. Pinkerton, the retiring secretary, for her infant daughter. Mrs. Pinkerton has been untiring in her services and her resignation was accepted with regret. The following officers were elected: president, Nancy L. Dorsey, Omaha; second vice-president, Carrie Louer, Omaha; secretary, Lillian Stuff, 720 North 25th Street, Lincoln; treasurer, Mary Dueker, Omaha; directors, Mrs. A. G. Pinkerton, Catherine Wollgast.

Omaha.—THE SUPERINTENDENTS OF TRAINING SCHOOLS held an informal meeting on November 2 at the Methodist Episcopal Hospital to discuss the advisability of organizing a local society of superintendents. The following officers were elected: president, Victoria Anderson, Methodist Episcopal Hospital; vice-president, Miss Todie, Clarkson Memorial Hospital; secretary, Miss Allen, Methodist Episcopal Hospital. It was decided that the association meet monthly at the various hospitals and that the program committee prepare papers for discussion.

MISSOURI

THE MISSOURI STATE NURSES' ASSOCIATION held its fourth annual meeting in St. Louis, October 7 and 8. One of the most important items of business was the choosing of names to be sent to the governor for his selection in appointing the Board of Examiners for State Registration. This board was recently appointed and consists of the following members: Mrs. F. E. S. Smith, St. Louis; Miss Gerding, St. Louis; Miss Forrester, Kansas City; Miss Tooker, Springfield; Miss Landis, Hannibal. The association voted to extend an invitation to the Associated Alumnæ to hold the meeting in 1911 in St. Louis; also to send the amount, pledged by its delegate in Minneapolis, to the AMERICAN JOURNAL OF NURSING. Addresses were given by Dr. Stewart, Dr. Moore, and Dr. Reed, all of which were especially interesting and helpful. The social features of the meeting were luncheons served by the St. Louis nurses; the Centennial Ball of All Nations on Thursday evening, and a reception at the St. Luke's nurses' home on Friday evening. The next annual meeting is to be held in St. Joseph. The following officers were elected: president, Charlotte B. Forrester; vice-presidents, L. E. Keeley, Louise Dierson; recording secretary, Anna Love; corresponding secretary, Eva M. Roseberry, 1208 Wyandotte Street, Kansas City; treasurer, Mary E. Stebbins.

OKLAHOMA

THE STATE MEETING at Guthrie in October was a most successful one. The program was carried out almost without change. Mrs. Scroggs's paper and her presence were both inspiring to the members. Mrs. Beaty, of Texas, was unable to attend. The association has now eighty-one members and there was an attendance of thirty-four, which was very good when it is considered that nearly all are private duty nurses. The next meeting will be held in Muskogee. Guthrie has but six members, but they were most successful in entertaining the convention and were aided by the physicians of the city and their friends. The new officers are: president, Rae L. Dessell, R.N., Oklahoma City; secretary, Martha Randall, R.N., 106 East 5th Street, Oklahoma City; treasurer Mrs. Margie Morrison, R.N., Guthrie. Mrs. Morrison was chosen delegate to the Associated Alumnæ in 1910, with Miss O'Donnell as alternate.

COLORADO

Pueblo.—LAURA A. BEECROFT, superintendent of nurses at Minnequa Hospital, who has been ill with typhoid fever, is improving. Elizabeth G. Costalin, class of 1908, Minnequa Hospital, has been appointed superintendent of the Denver and Rio Grande Hospital at Salida. Elma G. Goodman, class of 1908,

has been appointed superintendent of the Stag Fuel Company Hospital, Dawson, New Mexico.

WYOMING

THE NURSES' EXAMINING BOARD OF THE STATE OF WYOMING will hold examination of applicants December 7 and 8 at Cheyenne. For particulars apply to Mrs. Amy E. Miller, Sheridan, Wyoming. S. J. McKENZIE, Cheyenne.

NEW MEXICO

Silver City.—THERE IS A GOOD OPENING for two graduate nurses at this place. Silver City is a small western town, but there are many nice people living on surrounding ranches and there are no nurses in the vicinity.

WASHINGTON

THE STATE BOARD OF EXAMINERS held a four days' session in Seattle in September. A large number of applications were received and 135 nurses were granted certificates of registration. The next meeting will be held in Spokane in June, 1910. Nurses interested may obtain the necessary blanks from Mrs. A. W. Hawley, 718 East Howell Street, Seattle.

Seattle.—THE KING COUNTY GRADUATE NURSES' ASSOCIATION held a meeting at the registry on November 1, the vice-president presiding. Minutes of the previous meeting were read and approved. The treasurer's annual report, the report of the registry, and the report of the executive committee were placed on file. Mrs. Bessie Davies reported the work of establishing, at Riverton, a sanitarium for tubercular patients, which is progressing favorably, and spoke of the advisability of erecting a cottage for afflicted nurses at the same place, and outlined a plan by which this object might be accomplished. The subject was favorably discussed and will be taken up for final consideration at the December meeting. Dr. Maud Parker gave the third of a series of lectures on "Moral Prophylaxis." The subject was generally discussed and after a vote of thanks to the doctor the meeting adjourned. Belle Record, a graduate of Chicago Baptist Hospital and a member of the King County Graduate Nurses' Association, has left for North Yakima, where she has opened a general hospital, and has also taken steps to organize a graduate nurses' association.

BIRTHS

ON November 3, a son to Mr. and Mrs. Tracy. Mrs. Tracy is a graduate of St. Luke's Hospital, Chicago.

AT Winnetka, Ill., twin boys to Mr. and Mrs. H. A. Carpenter. Mrs. Carpenter was Miss West, a graduate of St. Luke's Hospital, Chicago.

ON August 25, in Brooklyn, a son to Mr. and Mrs. Battel. Mrs. Battel was Miss B. Straley, class of 1906, Methodist Episcopal Hospital, Brooklyn.

ON October 3, at Richmond, Virginia, a daughter to Dr. and Mrs. Lowndes Peple. Mrs. Peple was Dorothy Stickney, class of 1896, Virginia Hospital.

ON September 18, near Craigsville, Virginia, a son to Mr. and Mrs. Oswald S. Wallace. Mrs. Wallace was Ellen Rosen, class of 1895, Jewish Hospital, Philadelphia.

MARRIAGES

ON September 1, Julia Hagelganz, class of 1909, Howard Hospital, to Albert Sharman, sergeant in the United States Navy.

AT Baguio, Benguet, P. I., Catheryn Cleland, class of 1901, Long Island College Hospital, Brooklyn, to John O. Wagner.

SUSAN MARIE CULLEN, graduate of Mercy Hospital, Chicago, to Frank R. Hedrick. Mr. and Mrs. Hedrick will live in Kansas City.

ON September 29, Lillian Burgin, class of 1907, Knoxville General Hospital, to John B. Johnston, M.D., superintendent of the hospital.

ON March 26, in New York City, Elsie E. Frederick, class of 1907, Methodist Episcopal Hospital, Brooklyn, to Frank Conrad Keil, M.D.

ON August 11, in Cumberland, B. C., Lydia Jane Mounse, graduate of the Methodist Episcopal Hospital, Brooklyn, to John B. Bennett.

ON October 12, at Winnipeg, Canada, Georgie Everett Heales, class of 1904, Long Island College Hospital, to Gerard Alexander van Dorsser.

ON June 30, at Upper Montclair, New Jersey, Florence May Hallett, class of 1907, Methodist Episcopal Hospital, Brooklyn, to William Henry Areson, M.D.

ON August 18, Margaret Culbert, class of 1905, Methodist Episcopal Hospital, Brooklyn, to Joseph Rodgers. Mr. and Mrs. Rodgers will live in Barre, Canada.

ON September 9, at Seattle, Washington, Evelyn M. Osgood, class of 1890, Maine General Hospital, to Herbert Morrison. Mr. and Mrs. Morrison will live in Seattle.

ON October 3, at Dillon, Montana, Carrie Lucetta Emerick, class of 1902, Miami Valley Hospital, to John Helming. Mr. and Mrs. Helming will live at Fox, Montana.

ON August 11, in Spokane, Wash., Julia C. Sandberg, class of 1904, Methodist Episcopal Hospital, Brooklyn, to Isaac Waring. Mr. and Mrs. Waring will live in Seattle.

ON November 7, at St. Mary's Church, Chicago, Mary Alice Gough, a graduate of Mercy Hospital, to William H. Murphy. Mr. and Mrs. Murphy will live in Chicago.

ON November 4, at St. James Church, Chicago, Elizabeth Sherlock, graduate of Mercy Hospital, to Charles E. Redmond. Mr. and Mrs. Redmond will live in Kalamazoo, Michigan.

ON June 1, at Wilkes-Barre, Pa., Pearl Rogers, class of 1905, Methodist Episcopal Hospital, Brooklyn, to Eliot Bishop, M.D. Dr. and Mrs. Bishop will live at 46 Yates Avenue, Brooklyn.

ON October 14, at Griffin Corners, N. Y., Margaret M. Ballard, class of 1909, Jamaica Hospital Training School, to Robert N. Whitley. Mr. and Mrs. Whitley will live at Richmond Hill, Long Island.

ON September 27, at Flint, Michigan, Capitola Morley, class of 1907, University of Michigan Training School, to Hugo Altnow, M.D. Dr. and Mrs. Altnow will live at Mandan, North Dakota.

ON September 14, in Boston, Hanna R. Hogan, class of 1902, McLean Hospital, Waverley, Mass., class of 1905, Massachusetts General Hospital, to William Leavy. Mr. and Mrs. Leavy will live in Melrose, Mass.

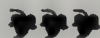
ON August 18, at Harvey, New Brunswick, Georgina L. Nesbitt, class of 1895, Massachusetts General Hospital, to Alexander Little. Mr. and Mrs. Little will live at York Mills, York County, New Brunswick.

DEATHS

ON September 17, at the Jewish Hospital, Philadelphia, Mrs. May Ecterwocht, class of 1908. Mrs. Ecterwocht was a devoted and conscientious nurse. Her suffering was great but was borne with the fortitude of a soldier. It is the first death in the alumnæ association of which she was a member. Her associates will feel her loss.

ON October 2, Ella Sears, a graduate of St. Luke's Hospital, New Bedford, class of 1889. Miss Sears was for nineteen years superintendent and matron of Morton Hospital, Taunton, Mass., and had exceptional ability not only as a nurse, but as an executive officer and instructor, and she will be greatly missed by all connected with the hospital. As superintendent of nurses she won the love, esteem, and friendship of her pupil nurses and graduates. For many months she was a great sufferer, but bore her illness with Christian fortitude.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

ATLAS OF PHYSIOLOGY AND ANATOMY OF THE HUMAN BODY. By Alfred Mason Amadon, A.M., M.D. Price \$3.50. Little, Brown & Company, Boston.

Prepared for the use of public schools, this book consists of a series of colored plates with parts overlaid to show dissections and accompanied by copious notes. It simplifies the identification of the various parts of the human viscera, the muscles, and the human skeleton in a way that appeals to the beginner in the study of anatomy and physiology, and is valuable for quick reference, as one is able to find quickly and easily any part of the physiology or anatomy of the human body.

DIETETICS FOR NURSES. By Julius Friedenwald, M.D., Professor of Gastro-enterology in the College of Physicians and Surgeons, Baltimore; and John Ruhräh, M.D., Professor of Diseases of Children in the College of Physicians and Surgeons, Baltimore. Second Revised Edition, 12mo volume of 393 pages. Price \$1.50 net. W. B. Saunders Company, London and Philadelphia.

This book was reviewed at some length in these pages when it made its first appearance, since when it has become well known and widely used in the nurse training schools of the country. The new edition shows few changes; the chapter on milk has been rewritten, and some new matter added in Chapter III on food adulterations, tests for detecting artificial coloring, and for preservatives of a harmful nature.

COOKING FOR TWO, A HAND-BOOK FOR YOUNG HOUSEKEEPERS. By Janet Mackenzie Hill, Author of "Salads, Sandwiches, and Chafing-dish Dainties," "The Up-to-date Waitress," etc. Price \$1.50 net. Little, Brown & Company, Boston.

If Dickens were to return to this world and take up his novel writing once more he would find himself minus several characters from which he was wont to construct "situations" for his books. There is no longer any place in life for young housekeepers like Dora Copper-

field or Bella Wilfer—whose amazing yet charming, ignorance of domestic details made us laugh and cry. “Cooking for Two” smoothes the way for the most ignorant and makes housekeeping, with or without the help of a maid, a mere joke, or, better still, the most wholesome and salutary exercise for a young woman who wishes to keep healthy, happy, and keep her husband in the same excellent condition, and at the same time do so at the least possible cost to the resources at her command. Directions are given for the proper use of fuel, particularly of gas and its vehicle the gas range, including the reading of the gas meter. A list of necessary articles for kitchen and pantry, which includes nothing except indispensable utensils, and ranging from the pots and pans to the fine table linen, silver, and china; the writer being equally emphatic on the need of proper equipment and proper economy; a few hints on the whys and wherefores, and the book proceeds to recipes, menus, and the usual cook-book contents, with the difference that all recipes are gauged for two instead of the usual larger scale.

HYDROTHERAPY. By William T. Dieffenbach, M.D., United States Delegate and Vice-President of the first International Congress on Radiology and Ionization at Liège, Belgium; former Professor of Bacteriology, New York Medical College and Hospital for Women; Professor of Hydrotherapy, New York Homœopathic Medical College and Flower Hospital, etc. Rebman Company, 1123 Broadway, New York.

Hydrotherapy, which Dr. Dieffenbach is pleased to call the “step-child of medical practice,” and which he shows to have been used from the most remote times, is most interestingly set forth in the present volume. Under this head is included the following list: 1. Baths: (*a*) half bath; (*b*) full bath; (*c*) sitz bath; (*d*) foot bath; (*e*) hand bath. 2. Douches: (*a*) general, and (*b*) local. 3. Affusions: (*a*) general, and (*b*) local. 4. Ablutions: (*a*) general; (*b*) section; (*c*) local. 5. Packs, compresses, foment. 6. Ice bags; hot-water bags; coils and tubes. 7. Turkish and Russian baths; steam boxes; dry hot-air apparatus. 8. Imbibition; lavage, irrigation, clysis, enemata (simple and retention).

These various means of the use of hydrotherapy are minutely described in some fifteen or sixteen chapters, and the remainder of the book is devoted to the practical application of these measures in a long list: toxæmias, diseases of nutrition, diseases of special organs, nerves, blood-vessels, etc., ending with the special treatment of mental

disorders by hydrotherapy. It is not confined to any school—the use in homœopathy and allopathy finds here common ground, there being apparently one best way for all, which way one must read the book to know.

FOOD AND COOKERY FOR THE SICK AND CONVALESCENT. By Fannie Merritt Farmer, Principal of Miss Farmer's School of Cookery, and Author of "The Boston Cooking-School Cook Book," and "Chafing-dish Possibilities." Price \$1.50 net. Little, Brown & Company, Boston.

A new issue of Miss Farmer's well-known and widely appreciated cook-book appears among the autumn books. While it does not claim to teach dietetics, it does so to a certain extent, although its chief mission is to teach the proper preparation of food for all stages of human necessity, from infancy to old age—making for the prevention of disease and the maintenance of sound healthy bodies. As in its first edition, this book does not go into the study of physiology or the chemistry of food further than to briefly indicate the relation of food to the human body and the essential elements to be supplied for proper balance of the processes of assimilation of nourishment and the excretion of waste matter. The book adheres rather strictly to its title and is beyond all doubt the best cook-book of the many that are offered in the field of invalid cookery.

OFFICIAL DIRECTORY.

THE AMERICAN JOURNAL OF NURSING COMPANY.

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EDITORIAL COMMENT



LARGE ENDOWMENT FOR THE COURSE IN HOSPITAL ECONOMICS

WE open the new year with the glorious announcement that a large endowment has been given to Teachers' College, Columbia University, whereby under a new department of Nursing Education and Social Hygiene the course in Hospital Economics will be broadened and developed to include the preparation of trained nurses to be teachers of the science and art of hygiene, not only as school, tuberculosis, and social welfare workers, but also as sanitary experts, teachers at farmers' institutes, and instructors of mothers, both in country and city, in the care and training of children.

Mrs. Helen Hartley Jenkins, the donor of the gift, is one of the trustees of Teachers' College and is deeply interested in all of its workings, especially along those lines which pertain to preventive medicine and the improvement of the public health. Through this interest she has become familiar with the course in Hospital Economics maintained by the nurses of the country, and her gift provides largely for its development, as well as for the new courses mentioned. Mrs. Jenkins's gift was directed to the department of nursing through the influence of Miss Lillian D. Wald of the Henry Street Settlement.

The idea around which this new work is to be centred is that the social welfare nurse is, in all the different aspects of her work, a teacher as well as a worker, and that she needs special preparation as an instructor.

The gift is so recent that it is impossible to give in detail the lines upon which the work will be developed, but it will be under the direct supervision of Miss Nutting, who promises a fuller detail for the February JOURNAL.

Nurses of the country may congratulate themselves upon the splendid recognition which this endowment gives to their efforts in establishing

and maintaining for the past ten years the course in Hospital Economics. The contributions to this course have come in small sums from self-supporting women, most of whom could reap no personal advantage from its establishment but who have felt proud to help sustain an educational movement which was needed by the profession as a whole. Mrs. Jenkins's gift is the crowning of these unselfish efforts and gives recognition to the place which nurses have won in the world-wide movement for social welfare.

Our New Year message is that we continue to go forward with courage to stand for those things that we know are right, in the face of obstacles and criticism, knowing that ultimately justice will prevail.

WHERE DOES LOYALTY END?

UNDER this heading, "Where does Loyalty End?" we are printing this month three letters in which are involved principles of fair dealing to the patient and justice to the nurse. These letters are characteristic of many that come to our desk in the course of a year in which, accepting the facts as presented by the writers, the question is constantly brought to us, Where does the nurse's loyalty to the doctor end? and is she required to be untruthful or to practise deceit in order to uphold the reputation of a physician at her own expense or that of the patient?

We know we are treading upon dangerous ground when we approach this subject, but so frequently do we hear of cases where nurses have been subjected to unjust accusations, amounting almost to persecution, that we feel the time has come when the entire nursing profession must dispassionately consider this very vital point upon which the two professions come together.

Where the physician is a man of the highest character we hardly think this question can arise, but there are in the medical profession men whose moral and medical standards are of such a low order that they do not hesitate to make a scapegoat of the nurse to protect themselves against their own mistakes.

We believe the time has come when, through our state boards of examiners, there should be established what we will term a board of arbitration between the two professions. It would seem to us that the nurse board and the medical board of examiners of a state could properly enter into affiliation and constitute such a tribunal, which would serve not only to afford protection and justice to nurses who feel themselves unjustly treated by physicians, but would also give opportunity to members of the medical profession to enter complaints against nurses who, they have had reason to believe, are disloyal both to them and to their patients.

Such a joint board would have other uses. Plans for the care of the great middle class, for a sliding scale, etc., would naturally be discussed,

and suggestions be carried from one profession to the other for consideration at their state meetings.

These boards are already in existence in the majority of our states, the members are carefully selected according to standards fixed by law, their appointments are similar, and to utilize these for such a purpose would not add any amount of expense or new machinery, such as would be entailed in the appointment of new committees; and possibly such a tribunal, we whisper it with great caution, might lead to the establishment of a code of ethics which should apply to the mutual relations of the two professions, and loyalty to the nurse by the physician might be placed on the same footing as loyalty to the physician by the nurse.

We believe this plan for a conference on ethics would bring the two professions into closer unity and better understanding and would in every way promote the welfare of the patients served by both.

THE CONFERENCE ON INFANT MORTALITY

AT the Conference on Infant Mortality held in New Haven on November 11 and 12, a number of well-known nurses were present, among whom were M. Adelaide Nutting and Annie W. Goodrich, of New York, Lucy C. Ayers and Olive L. Niles, of the Rhode Island Hospital, M. Grace Hills, district nurse of New Haven, and Emma L. Stowe, of the New Haven Hospital. There were about three hundred physicians in attendance and many men and women interested in the different lines of child saving work.

It was determined that all the efforts for the betterment of social conditions already in operation must be vigorously carried forward, that poverty with its attendant evils, ignorance and dirt, is the most direct cause of the infant death-rate, that alcoholism, the social evil, tuberculosis, heredity, and artificial feeding are also powerful contributing factors.

An association was formed for the scientific study of the causes and for the putting forth of greater efforts for prevention of poverty, crime, diseases, etc. The papers and discussions make valuable contributions to the literature on these various subjects and will be printed in full in the "Bulletin of the American Academy of Medicine," a bi-monthly magazine, beginning in February.

The special value to nurses of this conference would seem to be one of encouragement, of hope, that conditions so long familiar to hospital and district workers are at last receiving the serious attention of those people who possess the knowledge and influence necessary for their correction,—even although progress must necessarily be slow. Nurses have occupied an important place in the recognition of the causes and

will become now, with the new endowment of the school at Columbia, still more powerful forces in all the lines of prevention that may be developed, and there will be no lack of efficient nurse teachers when needed.

SOCIAL CENTRES

For a quiet unobtrusive city, Rochester has won an enviable distinction in several directions, and its citizens like occasionally to call the attention of the rest of the world to its creditable performances.

It first became known to the philanthropic world through the work of its health officer, Dr. Goler, in the control and perfection of the city milk supply. Next it made itself known as one of the progressive cities in the matter of children's playgrounds which are dotted through the city, in the school yards, parks, and city squares. Its most unique achievement, however, is in the matter of its social centres, and here it leads the country, having been foremost in establishing them and successful in conducting them. It is a matter of almost every-day comment in the local papers that some distinguished guest from afar is in the city investigating these and, as we go to press, even Boston has a representative here taking lessons in the art of gathering the people together.

A social centre, as the term is used here, is a neighborhood centre with the schoolhouse as its meeting place. Here, in the large assembly room, which is thrown open for such use, are held various club gatherings of men, boys, and girls, mothers' meetings, and mass meetings, where the neighbors of both sexes and all ages and nationalities meet, at least weekly, to hear some good speaker on a subject of timely interest, usually in the interest of good citizenship, national or local. Speakers are often brought from afar, and frequently the only opportunity that Rochester citizens of the more favored class have to hear some eminent man is at the social centre. It would be almost unbelievable to one who has not attended one of these meetings that crowds of rough men and boys, flippant girls, and hard working women can be so enthralled by a serious lecture and can discuss it so intelligently. When one thinks where these people would be spending their evenings otherwise, and when one sees the pride they all feel in the undertaking, she realizes what a power is here for the making of good citizens.

We do not wish to give the impression that it is all serious work; on the evening we last visited a social centre, the meeting was opened by singing, the words of the songs being thrown on a screen by a lantern, and after a lecture by Dr. Woods Hutchinson, although the hour was late, the hall was cleared of chairs by hundreds of willing hands for a basket-ball contest.

This is a work which could be inaugurated almost anywhere if the

co-operation of the school board can be obtained, for schoolhouses are standing everywhere, ready for greater usefulness to the community, and the people are ready to use them if shown how.

An interesting feature of the work in Rochester is that, though both the social centres and the playgrounds were started in the congested localities for the benefit of the poorer children, their benefit has been so obvious that schools in better neighborhoods are demanding the same privileges. The method of procedure in starting a new playground is that its equipment shall be furnished by private subscription, while its maintenance and the salary of the supervisor are undertaken by the school board.

MISS SNIVELY'S TWENTY-FIFTH ANNIVERSARY

WHILE all American nurses who have known Miss Snively will regret to hear that she has announced her retirement from her position at the Toronto General Hospital, to take place during the coming year, they will rejoice to know of the ovation that was extended to her upon the celebration of the 25th anniversary of her assuming the superintendency of that training school, upon which occasion the most distinguished citizens of Toronto assembled to do her honor. She was presented with a beautiful silver card-case incased in a suede bag, containing a note for \$1000, a gift from her graduates, and the announcement was made by the president of the board of governors of the hospital that, as a token of their esteem, the members of the board had officially decided to extend to her a yearly allowance of \$700 during the remainder of her life,—a most unusual and gracious act on the part of a hospital board and, so far as we know, unprecedented on this continent by its liberality.

Miss Snively has probably trained more nurses than any other woman. She has been identified, both in the United States and Canada, with all of the movements for raising the standard of nursing, having been a charter member of the training-school superintendents' societies of both countries. She assumed her duties at the Toronto General Hospital the day following her graduation from Bellevue. She has held no other position, but her energies have been concentrated upon the development of this one great school and the betterment of professional conditions for nurses in the Dominion of Canada. Her graduates are found the world over.

MISS DELANO'S WESTERN TRIP

DURING Miss Delano's trip to the Pacific Coast, the first part of which she describes in the official pages, she was entertained by the nurses of San Francisco, Denver, and Chicago, from all of which points we hear of interest being stimulated in the army service, the Red Cross, and the JOURNAL Purchase Fund, to all of which Miss Delano is giving

much thought and study. To quote the acting editor of the *Pacific Coast Journal*, the nurses met with the intention of entertaining their guest and found themselves being entertained by her.

On her return to Washington, Miss Delano found such an accumulation of correspondence and official matter that she is able to give only the briefest notes of her trip this month, but intends later to continue the narrative more fully.

It seems a happy turn of fate that Miss Davis and Miss Delano, who were long associated in hospital work in Philadelphia as superintendent and assistant, should now find themselves called to Washington during the same year, and so located that their windows are within sight of each other.

RECENT ADDITIONS TO NURSING LITERATURE

THE two new books of the month, "Bacteriology for Nurses," by Isabel McIsaac, and "Visiting Nursing in the United States," by Ysabella Waters, make very valuable contributions to the nursing literature of this country and should find immediate place in all of our training-school libraries.

Miss McIsaac's book is in the same binding as her "Nursing Technique" and "Hygiene" and contains in simple form as much of the scientific side of the subject as it is necessary for nurses to know, and the direct relation of bacteriology to the more important contagious diseases. To its suggestive schedule for laboratory work the author has given very careful study, which she intends shall be carried out in a well-equipped laboratory under the direction of a bacteriologist, but the class work is so arranged that it can be supervised by the nurse teachers. We feel that this book meets a great need in our schools, that it will be specially valuable to the boards of examiners of nurses and helpful to the nurse who applies the principles of bacteriology in her every-day work.

Miss Waters's book on visiting nursing has been looked for impatiently by many workers. Judging from the inquiries that come to our desk for information in regard to the organization and administration of this department of nursing, the book will have a great sale and be the means of giving new impetus to district work. Its appearance is especially opportune when attention is being directed to all forms of social service of which visiting nursing is the pioneer, by the endowment for its development at Teachers' College.

The production of such books, each an authority in its line, supplies another indication of our rapidly developing professional status.

THE NEW YORK REGISTRY MOVEMENT

WE want to call the attention of our New York readers to the mass meeting called at the Academy of Medicine, 17 West 43d Street, New

York City, January 4 at 8 P.M., for a thorough discussion of the central registry. This meeting is held under the auspices of both the county and the state committees and, next to the formation of the association itself, is the most important matter which has ever come up for discussion in the state. New York City is the greatest of our nursing centres, registry abuses abound, and this movement, which has for its aim the convenience and protection of nurses themselves, it is hoped will gradually lead the way to the establishment of a great central club-house or nurses' hotel which will solve the problem of living for hundreds of members.

TO COMMEMORATE THE JUBILEE YEAR OF MODERN NURSING.

At every annual meeting of the Associated Alumnae for several years past an earnest appeal has been made through the delegates to the various alumnae associations and also to the individual nurse, asking them to realize their responsibility in assisting to raise a fund sufficient to purchase THE AMERICAN JOURNAL OF NURSING. The appeals have resulted in some contributions each year, so that we have gradually been acquiring JOURNAL stock. At the meeting in Minneapolis last June it was said that did *each nurse* in membership give *but fifty cents* towards the JOURNAL Purchase Fund, the total amount would be enough to buy the balance of stock and we would then own the JOURNAL. The result was that those present contributed so generously and enthusiastically that all felt sure could all of our members have been present the whole amount would have been raised. As it is, \$6500 are still needed and this is an appeal to the various alumnae associations and to those individual nurses who have not subscribed to do so now. 1910 is the jubilee year of modern nursing and to commemorate the event in America we are anxious to be able to announce, at the annual meeting in New York, the ownership of our nursing JOURNAL. This *can be done* if *each nurse* who has not already contributed will send fifty cents to our treasurer, Miss A. Davids, 128 Pacific St., Brooklyn, N. Y., or to any undersigned member of the Committee on JOURNAL Purchase Fund. Members may send larger contributions if any so desire; this would help to make up for those members whose addresses are missing.

(Signed) A. DAVIDS, Treasurer, 128 Pacific St., Brooklyn, N. Y.
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I. H. ROBB, Chairman, The Haddam, Cleveland, Ohio.

A NEW EXTENSION OF VISITING NURSING

By ELLA PHILLIPS CRANDALL

Graduate of the Philadelphia Hospital (Blockley), Philadelphia, Pa.

AMONG the many definite and vast projects which have been operating for the betterment of humanity in this first decade of the twentieth century, there is none which commands more serious and respectful attention of all thinking people than the varied efforts to promote health by improving all conditions that conduce thereto. Both the organizations and their activities differ widely, ranging as they do from national, state, and municipal agencies to philanthropic and educational organizations, both public and private. Some are concentrating all their power upon one problem, while others have laid out a more comprehensive though not necessarily more effective plan.

A comparatively recent incident in this universal movement for physical regeneration is the discussion which took place last spring at the meeting of the Association of Insurance Presidents, and later took practical form in some of the companies represented there. Quoting from a letter written by one of the officials of that association to the Committee of One Hundred: "One large company is mailing to its millions of policy-holders pamphlets dealing with the prevention and cure of consumption. Another company is conducting a campaign of education for improving the sources of our milk supply. A third has established a Health Bureau, which, among other things, will arrange for periodical examination of policy-holders."

No mention has been made in this connection of an experiment now in process by one of these companies which is to give nursing care to its sick policy-holders of the industrial department as an additional benefit attached to their policies.

The suggestion of the nursing service came originally from Miss Wald, head worker of the Nurses' Settlement, New York City, to Dr. Lee K. Frankel, manager of the industrial department of the Metropolitan Life Insurance Company. She saw in it a very great opportunity for extending the service of district nursing, thereby bringing the nurse to numerous people who might not otherwise apply. Inasmuch as visiting nursing is educational, and therefore preventive as well as curative, the nurse's work in the homes of the people does undoubtedly reduce mortality, control infection, speed convalescence, and send the wage-

earner more quickly to his work and in better condition to pursue it. For this reason (as the reduction of sickness and the death-rate is of mutual benefit), the officers of the insurance company are ready to give it a fair trial. It is most reasonable that they should do so, for long ago the fire underwriter was compelled to seek prevention as well as indemnity for the destruction of property. The same obligation, through the advance of hygiene, is now being forced upon the life insurance companies.

For some fifteen or more years Germany has provided medical care as one of the benefits of its Imperial compulsory insurance against invalidity and old age and has developed for the insured a system of free sanatoria all over the Empire for every form of constitutional disease. Is it too much to believe that an insurance system which plans to provide skilled nursing for its members may contribute an equally noteworthy service to the cause of health?

Civilized nations have developed excellent institutional care of dependent classes, but, up to the present time, comparatively little has been done for those who do not find their way into institutions. It has been estimated that not more than 10 to 20 per cent. of the sick ever enter the hospitals. Of the other 80 or 90 per cent. there must be a large proportion who should be the recognized charge of visiting nursing associations. Furthermore, of those who go to the hospitals a fair proportion come under the care of the visiting nurse before or after that period; therefore, while we are hearing much nowadays about hospital social service (which is certainly analogous in its purpose and its methods to that of visiting nursing, and is being welcomed with gratitude wherever it has been established), the field of the visiting nurse is boundless. So it is that we hail with delight the opportunity to extend our purely humanitarian service to meet that need which we could only hope to meet at this time by gaining the co-operation of organizations such as the insurance companies.

This experiment was begun in New York on June 7, 1909, and was later introduced into Boston, Baltimore, Washington, Chicago, Cleveland, and St. Louis. By the time this article appears it is probable that it will have been begun in Montreal. The company has been advised to utilize the visiting nurse organizations wherever existing, and only to install independent nurses when there is no visiting nurse at work in the community. Arrangements for payment have been made upon a basis of the cost of each call, that is, the average number of visits made by a nurse per month, divided by her salary, would give the cost of the single visit. Carfare and other incidental expenses, such as tele-

phone, etc., are also supplied. An additional charge is made for the company's share in the cost of the supervising, executive, and clerical staff. While it is understood that this is not an exact charge, it proves so far to be a satisfactory working arrangement.

The company is endeavoring to ascertain assurance of two facts before it establishes nursing as a permanent policy, namely, Is it acceptable to the public? and Is it financially possible for the company? Both the company and the settlement have had ample evidence of earnest and grateful appreciation on the part of their patrons, and thus far only encouraging reports have been heard regarding the cost. It is therefore reasonable to hope that in the near future the company may declare insurance with nursing to be an established feature of its underwriting.

The calls are received on a specially prepared private mailing card, addressed to the superintendents of the associations, which are distributed to the policy-holders by the agents of the company. Urgent calls are reported by telephone and later are verified by a card. No distinction whatever is made in the attention given to these patients, except that they are told that no fee can be received from them because the company is reimbursing the association.

It is worthy of special mention that for the first time in the history of benefit societies in this country, puerperal patients have been given the same benefit as those who are ill. The company has authorized this because it sees clearly that no effort it can possibly put forth in this direction is capable of more satisfactory returns than the education of mothers in the care of their new-born infants, and, at the same time, the protection of the mothers themselves against permanent disablement caused by neglect and return to work before they are able. The company has also authorized advisory visits to the caretakers of patients suffering with contagious diseases. These calls are made by the general nurses, who, of course, do not enter the home, but make frequent calls to give instruction in the care of the patient and prophylactic measures, and to satisfy themselves that this instruction is carried out. This is doubtless the first step toward an adequate contagious staff, providing it can be shown that, by such measures, the percentage of communicated cases in each family has been reduced. It strikingly illustrates the value placed upon purely preventive hygiene.

The present arrangement places the entire responsibility for the standard of the nursing service exactly where it belongs, namely, upon the profession itself. It also affords an incalculable opportunity for a multitude of women qualified by temperament and training and such

special education as will in the near future be offered them by the proposed post-graduate school for social nursing which has just been provided for by the magnificent gift of Mrs. Helen Hartley Jenkins to Teachers' College, Columbia University. With such a preparation as this they should enter the field of visiting nursing ready to dignify it by making it one of the most effective agents for social betterment the world has ever known.

HYDROTHERAPY AS PRACTICED IN THE MANHATTAN STATE HOSPITAL

[Through the courtesy of Dr. William Mabon, superintendent and medical director, and Miss Townsend, superintendent of nurses, we are enabled to give the following description of methods used in the hydrotherapy room of the Manhattan State Hospital on Ward's Island, N. Y.]

THE hydrotherapy room of the Manhattan State Hospital is divided into two well-lighted compartments, one of which is furnished with a daintily-made bed, a table upon which is placed some attractive growing plant and also a bowl of ice for cooling head compresses, white shelves with neatly folded towels, a tiled floor with rugs and a chair, while its chief articles of furniture are the two hot-air boxes. These are constructed with movable tops and doors; in the top is a hole through which the patient's head projects, and within the boxes are adjustable seats which may be raised or lowered according to the height of the patient. They are heated by a system of pipes regulated by valves at one end, and the heat registered by thermometers; the indicator of each is on the top of the box and the bulb reaches down within.

The other compartment of this room is given to the hydrotherapeutic apparatus. The floor of this compartment is asphalt. There is a second floor above the asphalt consisting of narrow strips of wood laid about one inch apart, through which the water runs, thus leaving the floor always comparatively dry. The walls of the entire room are tiled and in this compartment there are in addition slabs of slate placed along the wall, reaching about seven feet from the floor. The principal piece of furniture here is the douche or regulating table which is a combination of pipes covered by marble slabs, the table being four feet long, three feet high, and two feet wide. As we look down upon the top of this table we notice that it is divided across the top by two pieces of rubber hose about two and one-half feet long, with brass nozzles, which lie side by side across the whole width of the table, nearly at its centre; these are used for giving the jet douches. To the right of the hose

on the top of the table are two rows of valves, extending lengthwise from right to left, three valves in each row; those in the first row are marked, respectively, cold, hot and ice, and they control the temperature of the water for the different douches on this side of the table. In the second or rear row are valves controlling the circular or needle douche, the rain douche, otherwise known as the spray, and the perineal douche. Still further to the rear is a thermometer registering the temperature of the water used and a dial registering the pressure; this pressure is regulated by two valves not on the top of the table but conveniently placed near the operator on one of the perpendicular sides of the table, one of these valves controlling the pressure of the water used on the right side of the table, and the other controlling that used on the left side. There is also a stop clock on this side of the table by which the nurse regulates the time of treatment.

On the left side of the top of the table are four valves controlling, respectively, the hot and cold water for the continuous bath, the steam douche, and the sitz-bath. A thermometer here shows the temperature of the water used on this side of the table; the pressure dial before mentioned indicating the pressure for this side of the table also.

Just in front of the douche table is a white porcelain sitz- or hip-bath; in front of this coming up from a pipe in the floor is the perineal douche, over which is placed a stool twenty-five inches high, with a hole in the seat, upon which the patient sits while receiving the douche. In the rear right hand corner of this compartment is the apparatus used for the circular and rain douches. This consists of four pipes coming perpendicularly from the floor and forming four corners of a square. On the inside of each pipe facing the centre of the square are four rosettes, and when the patient stands in the centre of the square she is surrounded by these rosettes, from which issue the water forming the circular or needle douche. The top rosette on each pipe is movable, and can be turned upward or downward according to the height of the patient, in this way preventing the spraying of her face. Above the patient's head is a larger rosette through which comes the water forming the rain douche. Next to this apparatus, in the rear left hand corner, is the tub used for the continuous bath, which will be described later. Along the left hand side of this compartment is the "Turkish table," which consists merely of a marble slab at the foot of which is a spray used for heating the marble and also in giving the Turkish bath.

With the arrangement of apparatus here described, the nurse, standing at the douche table, is able to give any of the eight following douches, fixing exactly by the valves the temperature and pressure of each.

(1) The circular douche (needle douche); (2) the rain douche (shower); (3) the fleury douche (combination of the two above); (4) the jet douche (this is given by means of the rubber hose, the jet of water from which is moved upward and downward on the body of the patient); (5) the fan douche (same as the jet douche except that the nurse places her finger in front of the nozzle, thus making the spray fan-shaped); (6) the Scotch douche (alternating the two jet douches, one containing hot water and one cold); (7) the steam douche (using the apparatus for the jet douche with steam); (8) the perineal douche.

A definite idea of the methods used in such treatments can best be secured by illustration with a concrete example. In the first place no patient is treated without a written prescription signed by a physician. An example of such a prescription is as follows:

H. A. B. Temp. 100° F. to 180° F. durat. 15'.

C. D. Temp. 95° F. to 90° F. durat. 2'.

10 to 15 lbs. pressure

Dr. Blank.

The interpretation and the proper procedure in carrying out this prescription are as follows: "H. A. B.," when translated, means hot-air bath; the patient is wrapped in a sheet, she then seats herself in the hot-air box, with her feet resting on a towel, and when the box is closed the head projects through the hole in the top of the box. A towel is placed about the neck, filling in the space between the neck and the edge of the opening, and an ice compress is placed about the head. The bath at 100° F. is allowed to rise to 180° F., where it is kept stationary by means of the valve before described, and here it remains until the patient has been in the box for a total period of fifteen minutes. While the patient is in the box the nurse prepares for the next treatment, namely, "C. D.," which translated means circular douche. She turns the valve directing the water into this douche, then she turns on the cold water, and once more she reads the prescription that she may be sure of the correct pressure and temperature; she then turns the valve to give a pressure of ten pounds, and lastly regulates the temperature by means of the hot water valve to 95° F. Everything is now ready for the patient, and after once more comparing the prescription with the douche as she has it prepared, at the expiration of the stipulated time for the hot-air bath she opens the hot-air box, waits a minute before removing the patient, and then requests the patient to drop the sheet and place herself in position for the douche. Gradually the nurse brings the temperature

down to 90° F., and raises the pressure to 15 pounds. This treatment is continued for two minutes as the prescription calls for; the patient is then wrapped in a warm sheet and rubbed briskly with a Turkish towel, after which she dresses herself and returns to the ward.

The patients treated by the different douches are mainly depressed cases and the more chronic affections.

In addition to the main hydrotherapeutic room in this institution there are, in connection with several of the wards, bathrooms containing two continuous bath tubs with a control table smaller than the one described as being in the general treatment room. This smaller table has only two valves, for hot and cold water respectively, and two thermometers registering the temperature of the water respectively in the two tubs.

The tubs used for the continuous baths are large and deep with rolling edges, and under the edges are hooks for the attachment of a canvas hammock upon which the patient lies. There is an inlet at the head of the tub into which the water runs continuously while the tub is in use, and three outlets at the foot, one near the top which prevents overflow, one at the bottom, and one near the middle with a large stopper by which the tub can be emptied of all excreta. The flow of the water and its temperature are controlled entirely from the table, and in addition to this in order that all possible danger of mistake may be avoided, a bath thermometer is kept in the tub tied to its edge. The thermometer in the tub registers a slightly lower temperature than that shown on the control table, the difference varying from 1° to 3° F., according to the apparatus.

The patients treated by these baths are restless, delirious, and violently disturbed cases. They are kept in the tub usually for the entire twenty-four hours without removal except for cleaning the tubs, and for a sufficiently long period to allay their excitement, varying from a day to two or three months.

The following is the routine procedure of preparing the tubs for a patient and placing the patient therein. In the first place the tubs are drawn half full of water, the hammock placed in position, and the patient, wearing a chemise, placed on the hammock; across the whole length of the tub are stretched sheets tied at each side, thus entirely covering the patient except her head which rests upon a rubber air cushion. If the patient is very disturbed and assaultive, it may be necessary to wrap her in sheets secured with safety pins until she becomes quiet. The water is kept at a temperature of from 98° F. to 100° F. except in very hot weather when it is sometimes allowed to drop to 95° F. Every

morning the patient is removed for an hour while the tub and the hammock are cleaned and the patient's entire body anointed with some bland ointment to prevent irritation from the continuous application of the water.

A nurse in charge of the bathroom is on duty eight hours; her duties are to watch the temperature of the water, attend to the ventilation and keep the patients as quiet as possible, take their temperature twice a day or oftener if ordered, and feed them unless they are able to feed themselves. Each nurse, as a rule, has two patients. There are ten such tubs in all throughout the hospital.

THE INVALID'S LUNCH-BOX

By E. GRACE McCULLOUGH

Dietitian, Massachusetts General Hospital, Boston

THE nurse who has been thoroughly trained in the proper serving of an invalid's tray, with its spotless linen, dainty china, and orderly arrangement of delicious food, might feel handicapped, if suddenly called upon to prepare a suitable, acceptable lunch for a patient starting upon a journey without any knowledge of the accessories which go to make the lunch-box as attractive as the lunch-tray.

Why a lunch-box? The question may well be asked in this day of luxurious travel, when an *a la carte* restaurant is on every steamer and a "diner" on every express train.

We are all more or less conscious of a restlessness, consequent upon the thought of a journey; how much more will a patient, after an illness, feel the nervous strain of the getting ready, the getting off, the bustle and hustle of the modern railway station or dock. Then, too, it is not infrequent that the meal preceding the departure could not be taken, so it may become necessary to have "just a little" before the "diner" is attached, or there is no strength to go for it, as the swing of a train and the roll of a steamer may unsettle the hardiest. Changing at out-of-the-way junctions where suitable food, even any food, is impossible to secure, is also a probable reason why a nurse should be prepared for the emergency.

A dainty lunch, put up in the most attractive manner, is part of the work in the nurse's course in the diet kitchen at the Massachusetts General Hospital. When lunches are required, the order is issued from the

superintendent's office. The hospital provides folding boxes, single and double sizes, white paper napkins, wax paper, and small Dennison's labels.

The selection of the contents of the box is left to the discretion of the nurses as much as possible, although the menu, neatly written or printed, which accompanies each lunch is referred to the dietitian for criticism. This makes the nurses resourceful, familiar with material on hand and available.

The sandwiches, which make up the body of the lunch, are of very thin white and graham bread, cut into various shapes, the filling appetizing and suitable, ranging from finely minced chicken, and the more pronounced meats to the many combinations attractive and delicious. Not more than two kinds are allowed in one box; these are carefully wrapped in the wax paper and labelled; as is done with each article. When the order is without restrictions stuffed eggs, devilled canapes, olives, sweet patties, cake, home-made bon-bons, salted almonds, etc., are upon the list for selection, each to be complementary to the whole. Fruit in season is usually added.

The box is first lined with a paper napkin, the packages carefully fitted in, then covered with another napkin; small white envelopes containing salt or powdered sugar, two folded napkins, and the menu complete the box. It is neatly wrapped in brown paper and placed at the time specified upon the desk in the office. The opening of the box is often a pleasant surprise, and so frequently are letters of thanks received, couched in glowing terms, it is realized they are much appreciated.

SUGGESTED FOR THE LUNCH-BOX

I.

2 minced chicken and mayonnaise sandwiches	
2 sardine sandwiches (toasted bread)	
2 bread and butter	1 oz. salted peanuts
2 crackers with sliced cheese	jelly roll
6 olives	1 orange
salt and pepper	

II.

2 chopped ham with mustard sandwiches	
2 chopped olives and cream cheese sandwiches (brown bread)	
2 bread and butter	1 oz. walnut meat
1 hard boiled egg	lady fingers
2 gherkins	grapes
2 slices zweibach	salt and pepper

III.

2 sliced turkey sandwiches	2 slices angel cake
2 lettuce sandwiches	1 oz. salted almonds
2 bread and butter	pears
2 soda crackers toasted with cheese	salt and pepper

IV.

2 sliced ham sandwiches	2 pretzels
2 red pepper sandwiches (graham bread)	2 slices chocolate layer cake
2 bread and butter	apples ^a
2 devilled eggs	home made mint drops
	salt and pepper

V.

2 bacon paste with mayonnaise sandwiches	
2 egg (graham bread) sandwiches	
2 bread and butter	2 lemon tarts
6 olives	crystallized canton ginger
1 oz. salted nuts	1 orange
	salt and pepper

VI.

2 sliced tongue sandwiches	6 olives
2 currant jelly sandwiches	orange sponge cake
2 bread and butter	2 bananas
2 crackers and cheese	salt and pepper

A thermos bottle filled with lemonade, orangeade, tea punch, milk, or water will be found most acceptable.

Sanitary drinking cups are indispensable for travellers, whether or not a lunch is taken on the journey.

NINE fraternal and benefit organizations with a membership of nearly 3,000,000, and three international labor unions with a membership of over 100,000 have joined the ranks of the fighters against consumption within the last year, according to a statement issued recently by the National Association for the Study and Prevention of Tuberculosis.

A year ago only one fraternal organization, the Royal League, and one labor union, the International Typographical Union, maintained institutions for the treatment of their tuberculous members.

HOUSEHOLD HYGIENE

By ISABEL McISAAC

(Continued from page 96)

VIII

THE DRUDGERY OF HOUSEKEEPING

THE writer is well aware that the title of this paper may arouse the antagonism of some persons, who profess to have been endowed with certain knowledge of the proper work women were intended for in the scheme of creation, and who, by trite sentimentalism, endeavor to hide the chains which bind the majority of women to the drudgery of house-keeping. No one can nor would wish to deny that home is a woman's sphere, and had she been taught to fill her place centuries ago and been given any proper recognition of the importance of her work, the modern household would not be in its present chaotic condition.

The average man of decent family is prepared for the business of life, and by his intelligence and industry can mount above the dreary grind of business details and see far-reaching results of his labors; but the average woman is given no training nor preparation for the two most important duties in the whole business of life,—child-bearing and house-keeping,—and is suddenly thrust into a flood of work and responsibility so great that it is small wonder so many go down to mental and physical wreck.

It seems to be an historical fact that until great questions of justice and morality become economic questions, little progress is made toward their settlement; and here we have to-day a sudden awakening of the whole world to the fact that the very foundations of national life are being undermined by the demoralization of family life. In other words men are coming to see "what every woman knows," that the proper management of a household cannot be relegated to common, ignorant women, for it *represents the foundation upon which stands all of the other work of the world*, and that the women of the nation must be prepared for it and must receive credit for it, not in sentimental talk, but in recognition of its mental, moral, and economic value to the world. The wonder is that women did not rebel ages ago against the injustice of the world's attitude to the house and the home keepers.

The drudgery of housekeeping will probably never be less, but if the housemothers are prepared for it and the worth of their work recognized, the most difficult and unsatisfactory phases will be removed and the whole aspect of domestic life changed.

The lack of training and intelligence in many housekeepers manifests itself in their slavery to non-essentials and conventionalities. It would be amusing were it not so pitiful, to see their desperate devotion to elaborate cooking with no possible reference to food values and to intricately fashioned garments, difficult alike to make and launder. In such households conventional devotion to looks excludes comfort and makes the housewife a slave.

Margaret Deland in "Old Chester Tales" delineates in Martha King, the doctor's wife, the type of housewife too familiar to us all: one who dusts daily behind the pictures and washes the windows every week, regardless of the happenings of the whole world.

It is a tremendous problem, far greater than the tariff or who reached the North Pole first, and the conditions must be changed, relieving the housekeeper, before the family life and ties are strengthened.

The domestic conditions in cities are deplorable enough, but it is worse on the farms; farm machinery has greatly relieved the work of the men, but the domestic machinery has changed very little and the average farmer's wife is really sentenced to hard labor for life. Groups of wise men come together and ponderously consider how to keep the young people on the farm, and any simple farm wife can tell them, that no matter what else is done no change will occur so long as the housewife is nothing but a weary kitchen drudge.

There is something terribly and tragically wrong when a middle-aged woman, who has been a faithful wife, mother, and housekeeper, will say that she had rather bury her daughters than see them such household drudges as she herself has been. Such women mistakenly try to shield their daughters, which makes a bad matter worse, but while we may deplore their shortsightedness we cannot fail to respect and admire their self-sacrifice in trying to spare their children.

Mrs. Lyndon Evans, speaking recently in Chicago, said that it had become a recognized custom to acknowledge the wisdom of caring for the sick in hospitals which has relieved housekeepers of one great burden they formerly carried, and that undoubtedly more and more work, such as laundry, sewing, and even cooking, would be done outside of the house, and at the same time the housekeepers be trained to make their expenditures wisely. Such changes, however, come slowly, and the results of past centuries will be carried by the rank and file of women who represent

the great bulk of humanity for many generations to come. That work which is of such vital importance to the human race should have fallen to such low estate is the most deplorable condition of modern life; the wonder is not, however, that it should be so but that a state of affairs depending upon the lives of women and their children could have existed so long.

Whatever faults the present system of training nurses may have, there is certainly no better form of education than one in which theory and practice dwell together, and in consequence the training a nurse receives is one of the best possible preparations for the business of housekeeping. In any busy hospital and training school nurses must constantly choose between the essential and the non-essential, such choice often being a matter coming close to life and death, and in time becomes a habit or mental attitude to all kinds of work. A nurse, upon leaving the hospital, finds herself in a state of surprise and bewilderment at the amount of time frittered away in all occupations upon non-essentials and, particularly, upon futile work. One man builds for another to destroy; the streets are paved and straightway the electrician, the sewer builder, or the railway contractor begins to destroy the pavement; the teacher leaves his work before his plans have been worked out, a new teacher takes his place and new methods are instituted to the confusion of the student; and the housewife wastes her time and substance upon the foolish adornment of her house while her family suffers in health and comfort from its faulty hygiene. Again let me repeat that a nurse should make a good housekeeper, her training fitting her to recognize and put aside the non-essentials which constitute so large a part of household drudgery, allowing her to drive her work rather than to be driven by it. A sane, wholesome respect for cleanliness lies at the bottom of the good health and comfort of the family, but a mania for surgical cleanliness can destroy every vestige of comfort in the house and not only ruin the temper but the health of the housekeeper.

Striving to keep up the appearance of a large income upon small means is the most soul-racking performance any woman can undertake and is so foolish and unsatisfactory one is amazed to see the number of its devotees. To such housekeepers the pleasure of a cup of tea with the good talk of a friend is lost in cream puffs and the flub-dubbery of lace doilies and the newest thing in china painting; the kindly fruits of the earth must be made into pies, the children's petticoats must have lace ruffles, and to put the tea things into the kitchen sink over night that the housekeeper may go to the theatre is as serious as breaking one of the Ten Commandments.



STERN AND ROCK-BOUND.

Viewed in the most favorable light, modern housekeeping is a difficult problem with increasing difficulties, whether the house be one of luxury or poverty, and a woman to accomplish it must bring to it intelligence, training, enthusiasm, and good health; she will need them all and must shut her eyes and ears to much of the alluring world outside of her domain. With half a chance the average woman could be happy, and although she recognizes the drudgery of her lot her intelligence will discern its final significance and the welfare of her family be her compensation.

The writer realizes that these are not orthodox views; it is a much more comfortable belief to say that home is a woman's proper sphere and there she finds her happiness, but after many years of observation in the homes of rich and poor, from the pitiful physical wrecks in hospitals, in the cottages of factory employes, in the cabins of lumbermen and fishermen, and in lonely farmhouses, the fact will not be denied that a large proportion of women who keep their houses are pathetically unsatisfied with their lives. It should not be true, for under right conditions the making and keeping of a home is the happiest work a woman can have, and it is high time the world should stop to ask the reasons for the present unhappy state of affairs.

THE END

A LABRADOR CATECHISM

BY FELIX J. KOCH

WHEN Explorer Peary kept the world in breathless suspense for an entire day because his vessel could not put in at Chateaux, as it had promised, but was forced to beat on to Battle Harbour, there to send in its message of Polar discovery, he gave new lease of life to a little settlement, unknown well-nigh save in the north, which forms first port-of-call for ships bound to Labrador and beyond.

Battle Harbour is substantially a hospital station of the Royal Deep Sea Mission to fishermen, and there they are fighting a battle against the great white plague which is so sadly decimating the ranks of those who take the cod for half the world.

As part of that crusade, Battle Harbour has been made a point of dissemination for a curious "*Catechism*," the work of Dr. Wilfred T. Grenfell and "printed for use in the Newfoundland and Labrador

schools." Of course this *Catechism* is cheaply printed, on thin white paper:

" A CATECHISM.
THAT IS TO SAY
AN INSTRUCTION TO
BE LEARNED BY EVERY PERSON "

is the title on the cover.

On opening it, one finds a series of questions and answers, under heavy leaded titles. In these days when in the States so much is being done against the great white plague, the little brochure may well bear copying in entirety:

THE AIR

- (1) Is fresh air good for me? I cannot live without it.
- (2) Is air ever bad? Yes, it gets very poisonous.
- (3) What makes it poisonous? Every time any one breathes, he throws poison into the air.
- (4) What are these poisons like? Some are poisonous gases; some like tiny poison seeds.
- (5) Will they hurt me? They will kill me in time.
- (6) How can I avoid these poisons? By always keeping in fresh air.

THE SUNSHINE

- (1) Must I let in the sunshine? Yes, every bit I can let in.
- (2) Why must I let in the sunshine? Because nothing else cleans the room so well.
- (3) How does sunshine clean a room? It kills all the poison germs it falls upon.
- (4) Ought I to sit in the sunshine? Yes, I must always keep in it when I can.
- (5) Why must I do this? Because it will kill the poison germs in my blood.

THE WINDOW

- (1) Must I open the window? Yes.
- (2) When must I open the window? All day and all night.
- (3) Will not the cold hurt me? Cold does not hurt anybody.
- (4) Why must I open the window? Because I cannot grow strong unless I do.
- (5) Will not the draught hurt me? I must arrange to avoid draughts as far as possible.

(6) What good is it to open the window? It lets in the pure air to clean my blood.

WASHING

(1) Must I wash? Yes, as often as possible.

(2) Why must I wash? Because a clean skin keeps us in good health.

(3) Must I use cold water? Yes, every day.

(4) Will it hurt me? Not at all. It will make me very strong.

(5) How does it do that? It sends my blood flying 'round my body.

(6) What is the good of that? The blood carries food to every part of it and washes all the poisons out of it.

(7) Is hot water good? It is better than none at all.

SPITTING

(1) Is it wrong to spit in the house? Yes, and on the ground outside. It is dirty and dangerous and cruel.

(2) Why? What harm does it do? It spreads poisons everywhere and hurts everybody.

(3) How does it do this? Spittle is full of poison germs.

(4) How do the germs get at us? They get loose as soon as the spittle dries up, and then they can fly about.

(5) What do the germs do to us? They go down with our breath and eat up our lungs.

(6) Must I never spit? Never, except into a piece of rag or paper, which I must burn at once.

WOUNDS

(1) Can I always stop bleeding? Yes, by tying the pipe that is leaking, or by binding a hard plug tightly enough over or above the bleeding-point.

(2) Is there an easier way? Yes, by tying a binding round nearer my body and twisting it tight with a stick.

(3) Must I cover over the wound? Never cover it quite up, only pull the edges together by strips of plaster.

(4) Must I put anything on the cut? Friar's balsam, or very hot water will help to stop bleeding.

(5) Why must I not cover it up? Because there is danger of keeping in poison.

(6) What else can I do? Always wash it well with water that has been boiled and open it again at once, if there is any matter in it,—remove with a sharp knife blade which has been boiled.

In connection with this, an additional hand-bill has been gotten out for the crusade.

"Pin this up in your house!" is the slogan.

CONSUMPTION

COMMUNICABLE—CURABLE—PREVENTABLE

EVERY CONSUMPTIVE IS A DANGER TO HIMSELF AND HIS FRIENDS,
UNLESS HE IS TRAINED TO DESTROY THIS SPITTLE.

The broadside goes on then to relate how steps may be taken against the dread disease.

Over the Labrador, in the little huts, one sees these placards everywhere now. They are doing much for betterment of the lives of the people, though whether they be effecting actual cures or no it is impossible to conjecture.

IN DELAWARE

BY SUSAN J. REMSEN, R.N.

Graduate of Seney Hospital, Brooklyn

IN the month of May, accompanying her patient, armed with a page of typewritten orders from the physician-in-charge, the writer arrived in Delaware. As the patient was suffering from asthma as well as neurasthenia, a place was selected near the coast. Standing well back from the road, the house, surrounded by green fields and having a group of apple-trees near it, gave a pleasing mental impression to the worn and nervous man. From the first those apple-trees were a source of entertainment because of their occupation by the numerous birds of the vicinity who, from the earliest call of the great crested flycatcher in the morning till the reiterations of the whip-poor-wills at night, builded, quarrelled, made love, and sang "of summer in full-throated ease" making of the little orchard "a most melodious plot."

The quiet, the delightful air, the wide placid landscape, all helped to secure a relaxation of nerve-tension and induce natural sleep. And there was Eve, so-called from her habit of pensively gazing over the gate into a green forbidden Eden, who gave us

"Cream with all her might,
To eat with apple-tart"

and to mix with the indispensable egg-nog. Unlike the cow of the poem, Eve could and did stray, and refused to come home unless driven. Then, followed closely by Zillah, the calf, with her little black velvet nose in a wire basket to keep her from imbibing nourishment at improper intervals, Eve would take her dignified way along winding roads between the marshes, which were filled with tiny burbling and chortling birds, where large gray flies sallied forth and nestled lovingly in one's hair, and buzzed contentedly by the dozens under one's parasol, and mosquitoes welcomed one with enthusiasm. The forbidden Eden continuing to appeal to Eve, it became necessary for the patient to accompany her homeward many times, and in these and similar pastoral occupations the first days passed, and in a short time sleeping-powders were but a disagreeable memory.

In the nursing of patients suffering from the results of overwork the writer has found the problem of "a reasonable amount of out-of-door occupation daily" (quoting from the order page), the most difficult to solve. "To be tired enough to sleep, and not too tired to rest," is a happy medium which may elude the most conscientious nurse.

When the patient is a man of business who has broken down under the difficulties with which he has been struggling and has been ordered to rest before, to his mind, the conditions warrant it, the nurse's task is no easy one. The patient may be bored by her attempts to interest him in some simple occupation or, should she succeed, he may become so enthusiastic as to cause her some anxiety lest he overdo. If the patient should have a liking for light carpentering, he may work an hour or two at a time and thus gain a reasonable amount of exercise even on rainy days. Or, for instance, as this Delaware patient grew stronger he conceived the idea that a platform of bricks by the kitchen door would be an excellent thing, and though he had never laid bricks he had seen it done, and was sure he could do it. The nurse gave a reluctant consent, as this seemed a strenuous undertaking. For several days the patient's working hours were occupied with the bricks and he was assisted by his warm friends and admirers, the brown Leghorn hens who watched with a personal interest for something good to eat in the sand pile, and Thomas Tanglefoot, the cat, who filled with youth "and the new wine of the year" daintily pawed the bricks as they were handled, and did fairy dancing steps.

The work was very carefully done and a platform of two layers of brick, eighteen feet long and five feet wide was accomplished, and firmly boxed to keep it in position. This gave some small mental occupation also, as exact measurements had to be taken and consulted from time to

time. It is true the patient needed longer resting spells for a few days after that, but it encouraged him not a little to think that he had become strong enough to do such heavy work.

It is no easy task to keep a hand on these working hours, and an interruption must be tactfully managed. The writer has found that the eleven o'clock egg-nog is a good excuse for a short rest in the forenoon, and she has taken a chair with her and invited the patient to sit while he slowly drank his egg-nog, and she has endeavored to introduce a little conversation so that the patient sat for fifteen minutes. In the afternoon, should a nap be considered necessary and the patient not wish the trouble of removing his clothing, a strip of denim spread over the bed will save friction, sometimes.

Before the patient came to Delaware, he had paroxysms of coughing, could not lie down at night, and could not sleep well even when given two sleeping powders each night, and was mentally depressed. A few weeks of this out-of-door treatment, and he was heard to whistle and sing. Little medication was given, and that in the form of tonics. The diet was generous, and egg-nogs with extra cream were given between meals, and the patient was carefully weighed each week on the same scales, showing a steady gain.

Patients of this class seem to need the constant attention of the nurse during the day and will, if left even a short time alone, become discouraged, costing the nurse considerable effort to restore them to a state of cheerfulness. While nursing these patients the writer has not taken her regular hours off duty, but has sat quietly in her room while her patient has taken his nap, and has made use of the opportunity to read, write letters, etc., and has taken her out-of-door exercise in walking or working with her patient. In her efforts to get her patient's attention on some light work, the writer has weeded flower-beds, raked dead leaves, and painted window-screens and doors, and even shovelled a little mortar, and has walked from three to twelve miles a day. These patients seem quite unable to either get to work or to stay at it without constant encouragement from the nurse; but on the other hand should the patient happen to be of the very restless type, the difficulty will be to get him to take enough time to rest. But a case of this kind is most interesting, and will tax a nurse's mental capacity, her physical endurance, and her patience to the utmost. Should she be so fortunate as to succeed with one, and be of assistance to the physician in restoring a worthy member of society to his home and work, it may with all modesty be a matter for congratulation.

In Delaware, the patient and nurse were so fortunate as to have

suitable and pleasing natural surroundings, to have a climate which seemed ideal for this case, for so often the nurse has her work to do in surroundings in which, if the patient recovers, he does so in spite of them. But

“Just to be out of doors. So still, so green
With unbreathed air illimitable, clean,
With soft, sweet scent of happy growing things,”

will do so much for tired nerves, and bring new thoughts of sweet natural living.

THE STATE ASSOCIATION'S OBLIGATION IN RAISING TRAINING-SCHOOL STANDARDS *

By THERESA ERICKSEN, R.N.

Graduate of Northwestern Hospital, Minneapolis.

OUR associations have been working hard to influence the training schools to come up to the requirements asked for, and more and more hospital directors are learning to realize the necessity of a higher and more uniform education among their students. They are beginning to see that in order to have a good school they must select a good superintendent for the nurses. If she is a faithful member of our nursing associations she will be anxious that her pupils shall be a credit to her school when they graduate. How can she produce good nurses if she has poor material? She realizes the wrong in turning out inferior nurses that sooner or later become a burden and a discredit to our profession.

What are we to do? We must not only look to our tired and over-worked superintendents, but we must come into understanding and harmony with the hospital directors so that they too may see with our eyes. The selection of nurse students should be left to the careful and judicious choice of the superintendent, she should have the power to do what she thinks best. If she is capable to be superintendent she must have full authority over her students.

Students should preferably come from homes where religion, sympathy, and moral discipline have been the ruling spirit. The two or three years spent in a training school should not only teach our girls the scientific way of caring for the sick, but it should also fit them for a higher ideal, they should be able to carry out the Master's words: “Inasmuch as ye have done it unto one of the least of these My brethren, ye

* Condensed from the paper read by Miss Ericksen at the annual meeting of the California State Association.

have done it unto Me." Then we shall have the true nurse, worthy of her calling.

The associations should, in the best way possible, be in touch with the schools of the state. The senior classes should learn of the work done in the nursing world through the pages of our nursing journals. These magazines should, in fact, form part of their reading and study during their senior year.

The members of our associations should make the younger nurses feel at home among them, so that they may in turn be able to guide them during the first hard year or two after they leave their schools and are learning to depend on themselves, that they may not fall victims to graft, jealousy, or mechanical nursing.

We should be interested in seeing that pupil nurses are housed and fed properly, that they are allowed regular hours for study and rest. Hospital directors are all the time worried over finances, and where do they save? Where they least ought to, in feeding and housing their nursing staff, not caring whether the young girls who are giving two or three years of the best part of their lives so cheerfully are having sunny rooms to sleep in or any other little home comfort which should belong to them in return for their work. Unless we give our students consideration we cannot expect them to turn out to be good nurses.

Every nurse should be able to look back on her training-school days as I do on mine, as if the school were a happy family. We were respected while in training and had a considerate board to see to our welfare. In turn we have always loved our school and have been anxious that no slur should be cast on it through our fault.

Patients, also, suffer from a spirit of graft in a hospital. If an institution is short of help, there is hardly time for any one to make the patients feel welcome and give them a word of courage. The hospital atmosphere must be sunny and cheerful, no graft, no politics, respect for all religions. Each nurse should be made to feel that she is responsible for the happiness and welfare of every patient entering the hospital.

UNCINARIASIS IN TEXAS AND GEORGIA.—The *Medical Record* says: The State health officer of Texas has issued a notice to the county and municipal authorities over the state calling attention to the prevalence of the hookworm and urging energetic action to stamp it out. A systematic examination of the students of the University of Georgia has demonstrated that over 30 per cent. of them are suffering from uncinariasis. Many are from the wealthy families of the state. It is said that the class standing of the infected students is below the average of the college.

WHAT TO SEE AND HEAR IN NEW YORK

By MARY E. THORNTON, R.N.

DOUBTLESS in all of the great cities of the country there are educational advantages of which nurses might avail themselves if they only knew where to find them; for the nurse whose work is laid in New York, there are advantages obtainable in few other places of the country. Should she be interested in music there is at least one, often more, concerts for every day or evening during the winter. She may hear at the College of the City of New York organ music, rendered by Professor Samuel A. Baldwin, head of the department of music. These recitals, illustrating the treatment of the organ during three centuries, are given at four o'clock, Sundays and Wednesdays. The second series begins on January 30. Admission to these is free. Professor Baldwin is also giving at the great hall of the college a series of lectures on "Steps in Musical Progress," on Tuesdays at 2 and on Thursdays at 3, cards of admission being obtainable upon application.

The lectures given under the auspices of the Board of Education include lecture recitals upon operas, folk songs, etc. Circulars of these may be obtained from the Board, admission always free.

At the University and at Teachers' College there are given by the departments of music lectures and recitals illustrating vocal and instrumental music. The public is invited. Notices may be obtained from the secretary of the University.

Many of the church organists give series of recitals during the winter and no one need be music starved if she can do no more than run in on Sunday afternoon to one of the many churches.

The lectures given under the auspices of the Board of Education include, beside music, the subjects of literature, art, history, geography, natural science, and sociology. The announcements of these lectures are posted in the public libraries and may be had upon application to the secretary of the Board of Education.

For all the free lectures given either at Columbia University or in local centres of extension teaching, notifications will be sent individuals depositing one dollar with the secretary at the University. Some evening papers and usually the Sunday papers give notices of the lectures.

The School of Household Arts of Teachers' College has much to offer the nurse who wishes to vary her work for a time; in the new

laboratory are held special classes in foods and cookery. One class in economic cookery is arranged for those desiring to fit themselves for work as visiting dietitians; there are classes, too, in millinery, dress-making, design, decoration, and household management. It is quite possible for a nurse on duty to take up one of these courses, as they come in the afternoon and evening so that there is a choice of time, and two hours once a week can nearly always be had.

The Educational Museum at Teachers' College is open daily from 9 A.M. to 12 M., and from 2 to 5 P.M., except Saturdays and holidays. One of the purposes of the museum is to show the progress of education. The exhibition held during November illustrated the needlework of girls during a period of two hundred years.

At the Museum of Natural History on Saturday evening one is always sure of hearing an interesting talk, and beside these many meetings are held there, such as that of the Torrey Botanical Club, the Linnaean Society of New York, etc. At these visitors are always welcome.

At the National Arts Club may be found interesting exhibits of craftsmanship, and always in December there is an exhibition in collaboration with the National Society of Craftsmen.

The Lenox Library, a too neglected spot, has several galleries of fine pictures, a splendid reference library to which free access is given, and nearly always there is some specially interesting exhibit going on. Just now, there is a collection of book plates, chiefly modern American work, with a number of books on the art of *ex-libris*.

Up at Audobon Plaza, one finds grouped about a broad esplanade, from which a glorious view of the river and the palisades may be had, several interesting buildings. In one of these, that of the American Numismatic Society, is a fine collection of Red Cross medals and decorations. The building of the Hispanic Society of America has many treasures stored in its picturesque interior, tiles, glass, pottery, breviaries, and missals. The museum is open every day, but except on Sunday afternoon a reader's card, which may be obtained upon application, is necessary for admittance to the reading room. These buildings are flanked by two rapidly approaching completion, that of the Geographical Society and a Spanish church.

In the American Fine Arts Society Building, 215 West 57th Street, are held various art exhibitions. The National Academy of Design is now holding its winter exhibition,—hours from 10 A.M. to 6 P.M. and from 8 to 10 P.M., and on Sundays from 1 to 4 P.M. Admission on Sunday is free. The exhibition closes January 9.

But one need not be confined by dates of annuals for enjoying

wonderful pictures; during December there were shown in the galleries of art dealers nine paintings by Van Dyke, and in another a collection of Manet's and one of Monet's, and if one has not the time or thinks she hasn't to even turn into a gallery, she has only to open her eyes, for in every dealer's window is at least one example well worth studying, be it painting, engraving, etching, or mezzotint.

(To be continued)

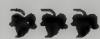
A LAW was enacted at the last session of the Michigan legislature authorizing the state Board of Health to designate those diseases which are communicable and dangerous to the public health and which must be reported by the physician to the local health officer, and by the local health officer to the state Board of Health; and in compliance with this law, the Board has declared the following diseases to be dangerous communicable diseases which must be reported by physicians to the local health officer and by the local health officer to the state Board of Health: pneumonia, tuberculosis, typhoid fever, meningitis, diphtheria, whooping-cough, scarlet fever, measles and smallpox.

The Board also passed rules and regulations giving the preventive measures which must be taken for each of the above diseases; and also relating to the abatement of nuisances, to insanitary conditions of school buildings and their surroundings, to jails, and to private or corporation water supply and sewage disposal systems.

The Board also ruled that tetanus, rabies, erysipelas, leprosy, and cancer shall be reported for statistical purposes.

No mention is made of venereal diseases. One must infer either that these do not prevail in Michigan or that they are not considered by the state Board of Health as communicable or dangerous.

NURSING IN MISSION STATIONS



(This department has a two-fold purpose,—to keep nurses in this country in touch with the work of missionary nurses, and to put missionary nurses in touch with each other, for an interchange of ideas, questions, and suggestions. All nurses engaged in mission work, of every creed and country, are invited to contribute to its columns.)

The Missionary Link for December gives the following description by Dr. Mina MacKenzie of the dispensary at Fatehpur, India: Our memorial dispensary has been completed, and gives us great satisfaction. The building is divided into four rooms extending from front to back. The first door on the right opens into the women's waiting-room. Here the women are received and have religious instruction until the physician sees them.

Our patients now number from fifty to sixty daily, and their friends coming with them increase the number of those who hear the Gospel to about ninety. Our numbers are steadily increasing, and ere long they will exceed a hundred. Many of our patients come to us five, ten, and twenty miles, and we are looking forward eagerly to the time when our Lily Lytle Broadwell Memorial Hospital will be completed and accommodate them.

The second room on the right is a large one with two doors in front and a door and window behind, and is divided by screens into four apartments. In the first of these the patients are seen and prescribed for by the physician. In one of the small apartments with a window at the back, gynæcological treatments are given, and the other is for minor surgical operations and dressings. In the fourth apartment the patients wait till they receive their medicine and treatment.

Communicating by a small door with this room is the pleasant drug room, extending from front to back of the building, and having a row of wall *almirahs* on one side and dispensing table and sink on the other. Our drugs cost on an average twenty-five dollars a month, and at present we have to depend on our out-patients who can afford to pay for treatment in their homes, for this income. The number, however, who can pay is not large.

The last room on the left is an operating-room, which is yet unfurnished. The dispensary is open daily from seven to twelve, except on Sundays and Wednesdays, when it is opened at nine o'clock for surgical

dressings. A Sabbath-school has become a very interesting feature of our work, as we have a class for older women who come for treatment, one for girls and one for boys from six to ten years, and an infant class. The attendance is increasing, and we hope soon to have a large, well organized Sabbath-school.

The Commissioner's wife is taking great interest in our work, and has planted in front and one side of our dispensary a pretty garden, which makes the building look very attractive and is a good object lesson to all as well as refreshing for us.

Woman's Work tells of the death in Taiku, Korea, of Rev. Chase C. Sawtell, whose wife was a trained nurse, Katharine M. McClung, a graduate of the Omaha General Hospital. They had been in Korea for two years.

In the same magazine Jane B. Brown, a graduate of the Presbyterian Training School, Philadelphia, 1907, writes from Syria: "It is rather discouraging at times to see all the others doing so much while we are just learning to talk. My husband preached his first sermon in Arabic last Sunday. We have a congenial happy circle here in Tripoli."

Woman's Work also tells of a far-away sanitarium.

The summer sanitarium in Lebanon for tuberculosis patients, which Dr. Mary Eddy opened last year, has been filled with patients of five or six races, and fears about securing proper assistants for the difficult post have been scattered by the presence of three nurses, Syrian, English, and Greek, and a native physician from Baghdad. It is the hope to complete the Memorial Teunis Hamlin Hospital on Junieh Bay, Dr. Eddy's winter quarters, this autumn.

Spirit of Missions brings news of missionary nurses. Margaret C. Graves has gone to assist in the work of St. Matthew's Hospital, Fairbanks, Alaska. She is spoken of as a graduate nurse, but her school is not given. Elizabeth Gibson, of San Antonio, Texas, has been appointed as a nurse in the University Hospital, Manila, in place of Miss Henry who resigned in October. Mary Humphrey, a missionary nurse in the Philippines has resigned from the service, and Rebecca R. Halsey has given up her work at the Elizabeth Bunn Memorial Hospital, Wuchang, China.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK, R.N.

NEWS FROM THE FOREIGN NURSING JOURNALS

THE long-talked-of American hospital in Paris is at last opened. It is at Neuilly, has a committee and a medical board of French and American nurses, and a sufficient staff of graduate nurses. It is not very large, has some free beds, some endowed ones, and provision for private pay patients.

THE new training school in Rome, under the general management of an able board of managers, most of whom are women, and established in connection with the magnificent and ultra-modern Polyclinic Hospital, with the approval and co-operation of some of the most distinguished Italian medical men, is the centre of interest in the nursing world abroad. It will be opened in February, and stands on the domain of the Polyclinic Hospital. It will be the first home for hospital nurses in Italy, for Miss Baxter's nurses in Naples, it will be remembered, have always lived in their own homes. One of the board of directors will be Signora Anna Celli, a German nurse trained at Eppendorf-Hamburg and married to an Italian physician of note. Dr. and Signora Celli have both long been prominent in altruistic effort for social reforms, and Signora Celli's writings on nursing conditions in Italy have been quoted in the JOURNAL and in "A History of Nursing." Another of the board will be the Princess Doria, an English lady, wife of Prince Doria of Rome. She has long been active in hospital work and has placed some of Miss Baxter's pupils at work in a Roman hospital where an older Princess Doria had once established a working order of religious Sisters. Miss Amy Turton's active share in booming the good work can never be rightly appreciated, or only by those who know her extraordinary optimism. The first head nurses will all be graduates. The German association is likely to send one; the French journal speaks of, evidently, an Italian nurse who has graduated from the County Hospital at Buffalo, Miss Sciarrino, who has been relieving at the Protestant Hospital in

Bordeaux, pending her entrance upon a position in the new Roman school. The superintendent of nurses' name has not yet reached us. The nuns remain in charge of the economy and general administration of the hospital.

AN energetic antituberculosis campaign has been under way for some time in Ireland, having been organized and promoted by the active and intelligent sympathy of Lady Aberdeen. House to house visiting, sanitary inspection, hygienic instruction, milk depots, tuberculosis dispensaries, and the oversight of trained nurses, with all the usual social relief works attendant upon such campaigns, have been wisely and thoroughly carried out, and it seems strange enough to us in America, where communities are now vying with one another in the development of antituberculosis campaigns, and where it really seems almost as if a sort of jealousy were discernible as to what state can show the best organization, to hear that so much opposition to this work exists in Ireland that the guardians of South Dublin recently actually requested Lady Aberdeen to discontinue her efforts. The popular dislike to the movement arises from the fear that tourists will be deterred from visiting the Emerald Isle, and that its trade will be hurt. But the guardians overlook the fact that all countries of the world are now seeking to exterminate tuberculosis, and tourists would all have to stay at home if they only visited countries where no such efforts were being made. On the contrary, the lowered death-rate and heightened efficiency of the Irish people, resultant upon the warfare against the deadly white plague, must finally react favorably upon the tide of tourists there, just as has been the case in other countries. Who, that has seen the engaging Celt on his native soil enjoying the vigor of health and radiating his inimitable wit, would not travel there with double delight knowing that preventable diseases had all been prevented?

THE women of Australia, believing "that questions affecting . . . the stability of the home, the welfare of children, the present salvation of the criminal and depraved, the moral, social, and economic injustice imposed upon women are greater than party," have drawn out of the regular parties to form the Woman's Political Association, to work, among other things, for the protection of the interests of women, children, and the home under municipal, state, and national government.

Among the planks in their platform are: protection of boys and girls to the age of 21 against the vicious and depraved; equal parental rights over children; equal pay for equal work; reforms in methods of

dealing with children brought before the courts and the establishment of a state children's council, central children's court, and special children's magistrate. They demand also the appointment of women as police matrons, sanitary inspectors, inspectors of boarded-out children, state schools, and as truant officers, inspectors of all state institutions where there are women and children, members of education boards, and municipal and county councils.

THE token of recognition and loyalty for untiring service to the nursing profession, its educational and legal status, given to Mrs. Bedford Fenwick by the International Council of Nurses at the suggestion of Sister Agnes Karll, has taken the form of a fine old English silver salver around which future councils will doubtless sit in cheerful tea-drinking combined with work.

QUALIFICATIONS for "health visitors" for giving "advice as to the proper nurture, care, and management of young children, and the promotion of cleanliness" under the London County Council are as follows: those women are to be considered as qualified who are entitled to practise medicine; who have had a three years' training as a hospital nurse; who are certified midwives; who have had six months' instruction in a hospital and have taken certain courses in hygiene. Or, such women may even be appointed as have had only "experience" or practical knowledge of the matters under consideration in health visiting. It seems to us that this lowest minimum is too low, and that the three years' training, with special instruction in sanitation and public hygiene, social movements, and the aims of preventive medicine, should be the minimum. Health visitors often make absurd mistakes and still oftener fail to be really effective for want of enough knowledge.

THE London County Council has put its public school nurses into a very pretty uniform with some bits of gold braid to mark the relation to the municipality.

ENGLAND is working toward a plan for securing a Naval Nursing Reserve. The organization of the Territorial Force Nursing Service is now so well completed that the organizing matron's work is done and permanent principal matrons will be appointed for each division.

It is rather interesting and odd, too, to learn that in New Zealand, where an eight-hour day is in force in all hospitals, it is not popular.

Australian nurses on the other hand feel that they suffer from excessively long hours.

MISS HIBBARD and the Cuban nurses have contributed \$25 to the International treasury as a token of appreciation.

THE London Congress Reports may now be bought from Miss Dock, 265 Henry St., New York City. Single copy, 25 cents; 12 copies, half price.

EIGHT of the Bordeaux nurses from the Tondu Hospital have entered for the examination to the military nursing service.

ODORS AND DIGESTION.—G. M. Niles, in the *Journal of the American Medical Association*, says the digestion may be influenced by the olfactories in several ways—directly, reflexly through idiosyncrasies, or by some complex psychic process hard to analyze. That appetizing odors make the mouth water is a common experience, and Pawlow has shown that the gastric juices are also susceptible and appetizing odors can create that gnawing sensation in the stomach that only an abundant flow of the digestive juices can produce. On the other hand, there is no factor that can exercise a more malign influence on the appetite and digestion than repulsive smells, as every one has experienced. Even after digestion has normally begun, a disagreeable odor may destroy its progress, inhibiting the secretion of gastric juice, and causing stagnation, fermentation, and irritant decomposition products. Niles notes the effects of certain odors on particular individuals and gives instances where a surfeit of specially odorous food has impaired digestion long afterward when that food was present. These instances are real idiosyncrasies and not manifestations of prejudice or pretense. Odors may even cause death, a fact which was known even in ancient times when it was used as a punishment to chain a man to a dead body till death relieved him. Agreeable odors, on the other hand, may exercise a highly beneficial effect on digestion, a fact which is utilized among orientals, and he thinks that this field can well be studied and cultivated by gastroenterologists among ourselves.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

TREATMENT OF MEASLES.—The *Medical Record* quotes the following from *La Presse Médicale*: M. J. Hallé says that while measles is not a severe disease in the family where isolation is possible and hygiene can be carried out, it is a fatal disease where this is not possible. The important measures in its treatment are all hygienic; isolation in a moderately light room, with plenty of fresh air, daily spongings and changing of the clothes, washing of the eyes with a mild boracic acid lotion, and cleansing of the nose, throat, mouth, and vulva. Diet should be bland and purgatives avoided, since diarrhoea is a frequent symptom. The cough should not be abolished but softened by ammonia. The child should remain about ten days in bed. In complicated cases prompt treatment is needed. When there are symptoms of suffocation cold baths are useful. In the rare hemorrhagic cases tonics and strychnine are indicated. When there is hyperpyrexia warm baths may be substituted for cold, according to the reaction. In bronchopneumonia, or when it is threatened, warm baths or compresses should be used. In adynamic forms mustard baths are valuable. Diffusible stimulants are demanded and injections of camphorated oil are valuable. Laryngitis demands warm steam sprays in the room. Ear complications should be forestalled by warm instillations into the ears.

ELECTRICAL TREATMENT OF MENSTRUAL DISORDERS.—The *New York Medical Journal*, quoting from a foreign contemporary, says: Laborderie emphasizes the utility of static electricity in the treatment of various gynæcological disturbances, especially amenorrhœa. He has found that the electric bath regulates the menstrual period and prevents the occurrence of dysmenorrhœa. He begins with daily sittings of twenty minutes' duration, finishing with about five minutes' "sparking" in the lumbar region, to induce congestion of the pelvic organs. He greatly prefers this treatment to that of ordinary emmenagogues, and prescribes at the same time general hygienic measures, Swedish gymnastics, suitable exercise, and change of air.

TOTAL ANÆSTHESIA BY INJECTION OF COCAINE INTO THE VEINS.—The *New York Medical Journal*, in a synopsis of an article in a German medical journal, says: Ritter has shown by experiments on animals that after injection of cocaine into the veins the sense of pain is lost all over the body for a certain length of time, varying from fifteen minutes to half an hour or more. Later the sensibility of the animals became normal. With the use of weaker solutions it can be perceived distinctly that the animals feel a touch, but do not feel pain. With stronger doses the sense of smell is lost. No animal experimented on died, and in only a few were there any bad after effects, these usually when a large dose had been given to a small animal.

PELLAGRA, ANCIENT AND MODERN.—II. D. King, in the *Journal of the American Medical Association*, gives an historic sketch of the disease pellagra, showing its spread and increase in the countries where it exists. He accepts the view that it is due to the eating of damaged maize. There seems to be hardly a country in Europe where it is not more or less prevalent with the exception of the northern regions, Italy, France, and Austria seeming to be the greatest sufferers. In Great Britain the disease has been noted but twice and there does not seem to be any record of it in the Scandinavian countries or in northern Russia. In northern Africa it is also very prevalent. On this continent it has been recognized in Brazil, Mexico, and the Argentine Republic as well as in the West Indies. The recent recognition of it in the United States was preceded many years ago in 1864 by the reports of two or three cases, at which time also a small outbreak was noted in Nova Scotia. Reports of this are very meagre and uncertain. It is noticed as remarkable that the medical records of the Civil War contain no mention of pellagra, but King suggests that it may have existed unrecognized in the southern prison camps and he suggests further inquiries as to this point as a profitable subject for investigation.

THE SIGNIFICANCE OF POSTURE IN OBSTETRICS.—In a paper in the *New York Medical Journal*, Dr. Albert F. A. King advocates the sitting or kneeling posture during delivery in preference to the usual one of lying flat on the back. In this position it is possible to make use of the pressure of the thighs on the abdomen to assist in the expulsion of the child. He says transverse presentations may be corrected by this means. There is no fear of infection as in forceps deliveries, the whole process being perfectly natural.

UTERINE FIBROIDS.—In the *British Journal of Nursing* for April 17 is an article by Dr. Bedford Fenwick on this subject, which covers the ground in a simple and understandable manner.

Fibroids are at first merely a thickened portion of the muscular tissue of the uterus and are extremely common, it having been estimated that at least one woman out of eight has several. As they increase in size, they may become submucous, those which press into the cavity of the uterus; or interstitial, those which remain in the wall; or subperitoneal, those which develop outward from the uterus into the abdominal cavity. The interstitial tumors may give very little trouble. The subperitoneal, having room in which to develop, often grow to immense size and cause pain by pressure on surrounding organs. The submucous usually cause hemorrhage.

All of these varieties seem to occur most frequently in unmarried women or in married women who have not borne children. Small tumors which cause no discomfort may often be let alone with safety, but those which cause pain or hemorrhage should not be disregarded. The old idea that at the menopause the tumor will shrink or disappear is proven a mistaken one, as on the contrary, the tumor often becomes larger at the climacteric, or degeneration sets in. Delay may make operation impossible or more difficult.

An article in a recent number of the *Journal of the American Medical Association* makes a plea for the enucleation of tumors whenever possible rather than the removal of the generative organs, on account of the disastrous effect on the nervous system which has often been found to follow such operations.

CURRENT LITERATURE OF INTEREST TO NURSES

New York Medical Journal, November 6, "The Present State of Vaccine Therapy," Harry A. Duncan, M.D.; November 13, "Some New Fields and Methods in Psychology"; November 20, "Attack upon Tuberculosis," Lawrason Brown, M.D.; November 27, "The Significance of Posture in Obstetrics," Albert F. A. King. *Medical Record*, November 6, "The Hookworm Commission," Editorial; November 13, "The Early Diagnosis of Measles," Editorial; November 20, "Sterilization of the Confirmed Criminal," Editorial; "Jonnesco's Method of Spinal Anæsthesia," Editorial; November 27, *Johns Hopkins Hospital Bulletin*, November; "The Epidemic of the Indians of New England, 1616-1620," Herbert N. Williams, M.D.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

PRESENTATION TO MRS. BEDFORD FENWICK, FOUNDER OF THE INTERNATIONAL COUNCIL OF NURSES

DEAR EDITOR: As the members of the International Council of Nurses which met in London last July have now scattered to the four quarters of the globe, may I be permitted through the courtesy of THE AMERICAN JOURNAL OF NURSING to thank all the American nurses who so kindly subscribed to my international gift, to commemorate the founding of the International Council of Nurses?

Our president, Fraulein Agnes Karll, in notifying me of this generous token of professional friendship, asked me to select the gift, and with great pleasure I have chosen a fine old English silver salver of pure Chippendale design, made by the worthy silversmith William Peaston in the year 1752. It has been suitably inscribed, and was recently presented to me by Miss Isla Stewart, matron of St. Bartholomew's Hospital.

This beautiful testimonial—the first I have accepted during the twenty years I have been privileged to work publicly for the organization of the noble profession of nursing—will ever remain one of my most valued possessions, as symbolizing the good fellowship and fine humanitarian feeling which are the inspiration of our International Council of Nurses.

With affectionate regard I remain,

Yours faithfully,

ETHEL G. FENWICK.

USE OF ALCOHOL

DEAR EDITOR: The use and abuse of alcohol are due to imperfect teaching very largely. Pupils should be made to understand that the rubbing of the back and other parts to prevent bedsores is of more importance than the alcohol. Of late years I use very little alcohol, as it is expensive and difficult to get in the country, and I have no trouble from bedsores.

MONTANA.

ANSWERS TO EXAMINATION QUESTIONS.

DEAR EDITOR: I feel that the JOURNAL is of so much interest and holds the nurses' all over the country in close touch with one another, I am sorry for those who must do without it. You have my best wishes for another year.

I enclose a few answers to some recent examination questions which may be instructive as well as amusing.

Question. What is lavage?

Answer. Lavage is a secretion that comes from the larynx.

Question. Give the composition of air.

Answer. Air contains oxygen, nitrogen, hydrogen, phosphorus, with a trace of chloride of sodium and sulphur.

Question. What could a nurse do to produce emesis? To control it?

Answer. Don't allow the patient to exercise too early, or to walk, or she will be deformed for life.

Question. What do you consider an ideal diet?

Answer. Steak, rolls, fried eggs, French-fried potatoes, and peaches and cream.

Answer. Eggs, buttermilk, and sweet milk is an ideal diet. P. E. C.

[Who can say that regulation of nursing education by the state is not needed?]

ENLIGHTENMENT NEEDED

DEAR EDITOR: Some weeks ago I was asked to relieve a nurse at a confinement case, the baby having come later than was expected and the nurse having other business. The baby was four days old. The fifth day there was a very slight discharge from the eyes, so slight that I doubt if the experienced nurse who had been at the case would have noticed it, but it developed into ophthalmia, though the doctor, a woman, did not so designate it.

The mother asked a number of questions concerning the probable cause, saying that the previous child "had had dreadfully sore eyes." Finally I told her that the eyes were infected during birth,—“probably because he opened his eyes too soon; he is so awfully curious.” The mother is well educated and the family is more than well to do.

This same lady had provided two quarts of alcohol for use during her lying-in period and said the two experienced nurses she had had used that amount. I used about a pint of the alcohol. The doctor bathed the baby the first time herself; the navel was slightly infected also. What else could I have told the mother?

M.

DELEGATES' EXPENSES

DEAR EDITOR: In response to the request of "L" in the December JOURNAL, I submit for comparison an itemized account of my expenses as delegate from a far western state. Let me explain that the hotel item is small because I occupied a cot in a room with two other delegates. The item for meals includes meals on the journey both ways.

Railroad fare, round trip.....	\$73.50
Pullman, both ways.....	33.50
Hotel (room)	11.00
Meals	28.10
Baggage	2.75
Fees	2.80

Total\$151.65

G. C.

A FRIENDLY WORD

DEAR EDITOR: Truly I get from the JOURNAL all the professional food that a normal brain requires to keep stimulated and do still better things. The November number was especially interesting, but the last is always the best.

A MICHIGAN READER.

THE HIPPOCRATIC OATH AND THE NIGHTINGALE PLEDGE

DEAR EDITOR: Will you please tell me where I can get the Hippocratic Oath and the Florence Nightingale Pledge?

I am very much interested in the subject of moral prophylaxis and feel that every nurse should realize the opportunity she has for an influence for good in

her community. What do you think of the high schools having a woman physician or graduate nurse lecture once in two or three weeks through the term to the junior and senior girls on the structure of their bodies, prevention of venereal disease, and general hygiene? V. A. B.

[A copy of the Hippocratic Oath with a history of its origin and use is to be found in the JOURNAL for January, 1909. The Nightingale Pledge reads as follows: "I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to practise my profession faithfully. I will abstain from whatever is mischievous and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping, and all family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavor to aid the physician in his work, and devote myself to the welfare of those committed to my care."]

CLUB-HOUSES AND REGISTRIES FOR NURSES

DEAR EDITOR: The nurses interested in improving the conditions for graduate nurses are earnestly requested to furnish us with information on the subject. We would like to know on what lines the nurses would like to have model club-houses and homes constructed. We are also anxious to know what the nurses desire in regard to the organization of central registries.

It may not be possible to acknowledge all letters, but this does not indicate that they will not be gratefully received.

Very truly yours,

New York City Training School for Nurses,
Blackwell's Island, N. Y.

JANE M. PINDELL,
Chairman Central Registry Committee.

"HOW TO BECOME A TRAINED NURSE"

DEAR EDITOR: May I be permitted to call attention to the fact that the publisher of the book entitled "How to Become a Trained Nurse" is preparing to issue a revised edition, and is anxious to secure entirely up-to-date statistical information in regard to the various training schools for nurses in the United States and Canada?

I have been consulted in regard to subjects for papers, giving information of interest to women desiring to enter training schools, and should be pleased to receive suggestions from any nurse in regard to this matter.

I have found this book invaluable when necessary to obtain statistical information, and trust that every superintendent will interest herself in furnishing without delay the information requested by the publisher, who states in a recent letter to me that in July he sent out 1000 circulars and has received 360 replies.

The publisher, Mr. William Abbott, 141 East 25th Street, is known by many of the nurses in New York City. The very least that we can do is to furnish Mr. Abbott with the information desired. I have asked him to make a special effort to have this book placed in the libraries of women's colleges and girls' schools, and I have ordered a copy to be presented to my alma mater.

Trusting that this appeal will meet with a speedy result, I am

Very truly yours,

JANE M. PINDELL,
Superintendent New York City Training School.

HOW MAY A NURSE SECURE EXERCISE AND REST?

DEAR EDITOR: Will some of the more experienced nurses in private work kindly give me an idea of how they manage to secure reasonable time for rest and out-door exercise on their cases? This is supposed to be a nurse's duty to herself—to keep her health unimpaired; and it is a duty which, with a few exceptions, people do not seem to recognize.

This lack of consideration for the nurse in the home seems in most cases to be due to *downright ignorance*. The family naturally wants to get its money's worth out of the nurse, and consequently makes unreasonable demands on her, being under a peculiar impression that the nurse's course of training in the hospital has developed in her the ability to do without the sleep and out-door exercise necessary to other human beings.

Should the nurse suggest to some people the necessity of her being relieved for some hours each day, their eyes would stick out like those of a snared rabbit. Time to sleep! Time to go out! Why whatever are they paying her for!

I should be very grateful to know how other nurses would deal with a case of this kind. The nurse does not want to cause unpleasantness with the family, nor yet sacrifice her own health.

We hear so much about the *nurse's* duty to the *family*, that it would seem only "fair play" if the family once in a while should hear of *its* duty to the nurse.

T. M. A.

UNAPPRECIATED SACRIFICE

DEAR EDITOR: I want to ask the opinions of the readers of the JOURNAL on the following: About two months ago a young woman contracted typhoid fever and a graduate nurse was sent to care for her. The family lived on a farm about five miles from town and neighbors were not very near. They had plenty of money, but had a countywide reputation for being miserly and disgustingly and unreasonably dirty, and the nurse at first declined to go. The patient was too ill, however, to be moved to a hospital and the nurse was finally persuaded to go. She and the doctor took every precaution to protect the other members of the family and tried to teach the family the necessity for doing the same.

The mother would not listen to their reasoning, saw no good in their "new fangled notions" as she called them, and would neither remain out of the sick room nor away from the kitchen, and would go from one to the other without any attempt at disinfection. Help was brought in by the doctor in the hope of preventing further infection of other members of the family or of the nurse, but the rude treatment the women received from the mistress of the house soon drove them away.

The nurse felt that the germs were being fed to her, but she remained faithful to duty and when the patient was convalescing she became too ill to remain longer on the case and now lies in a hospital very near to death. No word of regret, sympathy, or appreciation comes from the family, and if the nurse is spoken of at all it is of the money paid her for her work,—the paltry sum of one hundred dollars, which may prove to be the price of her life. I ask you nurses, is it required of us to make such sacrifice?

A SISTER NURSE.

PRIVATE NURSING PROBLEMS

DEAR EDITOR: I graciously admit that all the articles in the JOURNAL, especially those in the September and October numbers, on private nursing and its remuneration have been excellent, still I must admit that there is always a feeling of regret when I find an article in the JOURNAL on such. Have nurses become so mercenary of late that the main question is not how best we can relieve the sick and suffering, but how to solve the problem to get our money and incidentally relieve the sick?

I do think it is time we called a halt to the remuneration part unless we wish the entire public to feel, as too many now feel, that nurses think more about the money part than the recovery of their patient and the prevention of disease.

Miss Claxton's article is excellent as far as theory goes, but she unfortunately overlooked the fact that nursing is a profession and if we wish to keep it such we must continue to elevate it and not tend to lower it by any such system as working by the hour. I do not think any of the other professions charge according to the time spent. We do not belong to the laboring class that asks so much an hour and carfare, neither do we wish to bring nursing to that standard.

I shall cite a few of the minor points to show how unjust the scheme would be. (1) The question arises, What is scientific? Should the attendant give the enema? I for one would not consent to such if my patient were very sick. We are too apt to think that any one can give an enema, whereas it requires considerable skill to give an enema properly to a sick patient. Now suppose a patient in the middle class has an attendant and engages a nurse so many hours for the scientific and responsible part of nursing. Would this not be giving the patient the power to decide what was scientific in our profession?

Again, all nurses do not work with the same rapidity. What one nurse accomplishes in an hour others might take two to three to do, which would be quite unjust to the patient. We have the hourly graduate with us, which is a very good thing for those individuals who require professional service only for a short time each day. For the needy, we have the district nurses.

I would like to emphasize the fact that here is one part of our work where we, as a professional class, have the power to make it a calling of the highest, and it behooves the superintendents of hospitals and others who secure graduate nurses for district work to choose only those who possess executive ability, will power, education and tact, as well as those who know how to nurse, and above all things, a gentle woman. The nurse doing district work who allows a patient receiving charity from her to dictate to her and tell her what to do, or allows that patient or any of her friends to reprove her in an arbitrary way without receiving an apology before leaving the house is harming the noblest part of the profession infinitely more than most of the nurses realize now. The nurses who take positions in this work should be those who take it up because of its broadness in life.

Some time ago I wrote an article in the JOURNAL advocating district nurses in the small towns in place of hospitals which seldom take in the poor, preference being always shown to those who could pay. Since I have taken up district work I am more certain than ever that district nurses in small towns are of

more use than hospitals. In time the town, I feel, would build a home for these nurses, one-half of which could be utilized as a hospital for the needy poor.

I am sorry to say there are two kinds of diplomacy practiced in our profession: one is deceit or make-believe, the other is tact, which implies honor, and those nurses who place honor above all things are the ones to do the district work. Thanking you for your space in the JOURNAL I am,

M. W., Boston.

WHERE DOES LOYALTY TO THE PHYSICIAN END?

I.

DEAR EDITOR: I had a most unfortunate experience recently when caring for a man who was ill with typhoid. The doctor, in passing the catheter, let it slip into the bladder and had to telegraph to a nearby city for a surgeon. The next day at noon an incision, one and a half inches long, was made in the suprapubic region and the catheter was removed. Of course the patient was desperately weak and for several days his life hung in the balance, but I am thankful to say he lived.

A few days before this operation, the doctor had ordered me to put the patient into the tub (a sitz bath tub), hoping to make him urinate, which I refused to do unless the doctor was present, as the patient's heart was not in the best shape and he was sufficiently rational not to wish me to do it alone. His old mother was the only other person in the house and she could not have helped.

When the surgeon came he brought another nurse with him, but I was given no help and had to prepare for the operation alone, with only a two-burner gasoline stove to use for boiling water and instruments, and I had to keep stopping to sponge the patient whose temperature was high. After the operation, the doctor told me the surgeon wanted the other nurse to stay on the case, which I gladly left in her hands.

The patient's people wanted to discharge the doctor, but being ignorant folks and not realizing their power, he talked them over into keeping him, and has since circulated all over town the story that if I had given him better help the accident would not have happened. What kind of a man must he be to need help with such a simple operation when the patient was perfectly sane?

H. S.

II.

(Condensed)

DEAR EDITOR: Some time ago I was called to a patient who had attempted suicide by taking "fifty cents' worth of paregoric, a pint of alcohol, and eight tablets." She was unconscious when I arrived; how long she had been so I do not know. Hot-water bottles had been used before my arrival and were cold when I removed them. A steam pack was ordered, which I gave with great care. There were burns at the points from which I had removed the bottles.

I was able to remain with the patient only twenty-four hours because of an obstetrical case then due, but I was asked to return and dress the burns. The patient was finally taken to a hospital and died after two weeks of "ulcer of the stomach, caused by burns."

Several weeks after her death her husband accused me of having caused

the burns, in which the doctor sustained him, asserting that there was no hot water in the house until after my arrival. A neighbor woman, the only other witness, was silent.

I am a comparative stranger in a small city where the doctor, whose word is law, is making a scapegoat of me. My professional reputation seems to be ruined. I cannot run away, because I am not guilty.

What redress has a nurse in the face of such injustice and disloyalty on the part of a doctor?
M. T.

III.

DEAR EDITOR: I wish to make a statement regarding a nurse and a doctor who were, I am sorry to say, on opposite sides in a lawsuit over a patient they had taken care of. Has a nurse any right to defend her reputation in a case of this kind when the doctor tries to place all the blame on her shoulders? Is it a nurse's duty to remove vaginal or uterine gauze after an operation, or is it the duty of the doctor?

I was called in July, 1908, to take care of a woman who was suffering from extra-uterine pregnancy. I stayed with her for three weeks, when it became apparent that an operation must be submitted to in order to save her life. I followed the doctor's directions and recorded everything faithfully on the sheet I was keeping. I took the patient to the hospital where she underwent the operation and stayed with her for four weeks more, until she left the hospital.

It turned out to be a pus case and the woman did not seem to get well or gain strength as fast as she should have done. She had a great deal of trouble with her bowels and could not get a natural action without taking physic or injections and sometimes both. She left the hospital after four weeks, the doctor telling her what to do in regard to her health and what to take for her bowels. She asked if she might go to the country where she could be with her sister and would not have to worry or work about the house until she was stronger. She went to the country and I left her and took a rest.

Before I went to work again, being interested in my patient, I went to see her and to my surprise found her quite ill. I tried to find out what the trouble was and learned that she could not get any passage of the bowels and was suffering intense pain. I immediately tried to move the bowels with an injection but with no result. Then I gave her, separately, salts and castor oil, but she could not retain them on the stomach. Knowing that she had just gone through this operation, I advised her husband to get her back home as soon as possible and have her own physician take care of her. I don't know how we ever did it or how the patient ever stood it, for the pain was so intense that I shall never forget the suffering that poor woman went through. We got her home and up to her own room and then I immediately telephoned the doctor to come, telling him of her condition. He came at once and the first thing he did was to order an olive oil enema to be given at once. In the first place he made an examination and stated that there was an impaction of the bowels. She retained the oil, and from that time on there was no action of the bowels for fourteen days except the water that returned from the injections. He used all kinds of laxatives and cathartics, but with no effect.

At the end of the fourteenth day, while giving her an injection, I found that I could not insert the rectal tube as high up in the bowel as I had been

doing. There seemed to be some pressure there that would not let the tube go any higher. The patient complained of great pain and said that she felt as if her bowels were going to move. I brought a slop jar that was thoroughly clean and assisted her to it, so that we could see what kind of an operation she would have. There was a large report of gas expelled and the patient and myself both heard something drop into the jar with great force and a loud thud. The patient, thinking her bowels had moved, got up from the jar with my assistance and we both looked into it to see how the passage looked. Her husband was standing there at the time and he also looked into the jar. We all noticed that it was a very peculiar movement and said so. I picked up the jar and carried it into the bath-room, the husband following, for he said that he wanted to know what that was. I took a burnt match and examined it and to my horror I found it was a hospital sponge. The husband immediately said that it looked like a rag and asked me what it was and I told him. What could I have done otherwise and be honest? It never entered my head that there would be a lawsuit.

I immediately telephoned to the doctor who had charge of the case and he came right over, as he lived only a couple of blocks away. I showed him the sponge just as it had passed into the slop jar and he examined it thoroughly. Then the family asked him what it was and he told them that it was a hospital sponge. The doctor told me to keep it until the next day. The next morning he came, and the woman's bowels were moving very freely by that time, but her husband had decided that he would sue the surgeon because of the intense suffering through which his wife had passed, and he kept the sponge to offer as evidence.

I had a talk with the surgeon in regard to the sponge and he told me that I should have thrown it away and not told the family. The husband saw it at the same time that I did, so how could I have done so? When I was asked right out what it was, should I have lied to them?

I should always have had it on my mind, and if the story had ever come out, where would my reputation have been? And still I felt that I must defend the doctor; that I am always willing to do and will stand by the doctors through thick and thin and will be strictly honest with them, but I will not tell a lie for any one, and if nurses must do so to defend the doctor then I don't care for the profession and I do not consider that I can do so and be as true and noble a woman as Florence Nightingale was. She is my ideal as to what a nurse should be. The nurses are taught that they must stand by the doctor whether he is in the right or wrong, but when a doctor will have his lawyers and insinuate, himself, that the blame belongs on the nurse's shoulders, I think it is time for her to defend herself and have some voice in the matter. To my mind in this case, it was merely an accident and I am very sorry that it happened. The case has been tried twice and in both instances the jury awarded the woman damages and a larger amount the second time than the first. I should like to know if I did the right thing in regard to the case all through and what other nurses would have done had they been in my place.

What is the nurse to do when she is asked a question, lie or speak the truth? Especially if it goes against the doctor, must she tell a lie to defend him? I tried to keep out of the way of meeting the lawyers, but it was of no use, I was called into court to testify as to when the sponge passed and how. E. C.

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL

CONTRIBUTIONS TO THE JOURNAL PURCHASE FUND TO DEC. 13, 1909.

To contributions previously acknowledged.....	\$862.00
Ohio State Graduate Nurses' Association.....	\$50.00
St. Mary's Hospital Alumnæ Association, Minneapolis.....	15.00
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ANNA DAVIDS, R.N., Treasurer,
128 Pacific Street, Brooklyn, N. Y.

A CORRECTION

On page 202 of the December JOURNAL in an outline of the plans of the executive committee of the Associated Alumnæ, by a clerical error the word "America" is used for "England." 1910 is the fiftieth anniversary of the establishment by Miss Nightingale of the first training school in England, not of the founding of the first American school.

THE ARMY NURSE CORPS

CHANGES DURING NOVEMBER AND DECEMBER, 1909

APPOINTMENTS: Mary Frances McLaughlin, graduate of the Hackensack Hospital, Hackensack, New Jersey, 1907; appointed and assigned to duty at the Army General Hospital, San Francisco, California.

DISCHARGES: Eva C. Cunningham, from General Hospital, San Francisco, Cal. Olive V. Kallaway, from General Hospital, San Francisco, California. Cora F. West, in San Francisco, from duty at the General Hospital there. Harriett Elsie Wills, from Division Hospital, discharged in Manila to be married.

TRANSFERS: The following named nurses were transferred from the General Hospital, San Francisco, to the General Hospital, Ft. Bayard, New Mexico: Anna M. Cotter, Bessie Kelly, and Maude MacLellan. The following have been transferred from the General Hospital, San Francisco, to the Philippines Division, having sailed on Dec. 6: Gertrude B. Gilstrap, Louise H. Gutberlet, Mrs. Annie M. Shea, and Florence W. Thompson.

As superintendent of the Army Nurse Corps I received orders November 3 from the Surgeon-General of the Army to proceed to Fort Bayard, New Mexico, and the Presidio of San Francisco for purposes of inspection and to familiarize myself with the work and personnel of the Army Nurse Corps on duty in these general hospitals.

My first visit was to New Mexico, and I am sending a brief description of this new country, so little known to the most of us, in the hope that it may be of interest to nurses who contemplate service in the Army Nurse Corps. Fort Bayard is located in the southern part of New Mexico at an elevation of 6000 feet, and is surrounded on all sides by granite mountains in which many valuable minerals are found. This portion of New Mexico was the land of the Pueblos, or Indians living in villages. The villages were not unlike forts and the houses were often built several stories in height—each story receding from the one below it, forming really a series of terraces which could only be reached by a ladder, with a common entrance in the roof of the upper story. The Pueblos were peace-loving and all these precautions were taken to protect themselves from the more warlike Apaches and Navajos of the north. Their sacred city was located at Pecos and ruins of their "Estufa" or Council Chamber, where the sacred fire of the tribe was kept burning for hundreds of years, are said to still exist.

Fort Bayard was established by the government in 1866 on a reservation fifteen miles square, and for many years was required for protection against the Indians. An official report of 1875 gives one an idea of the difficulties and hardships of frontier life in those days.

The nearest railway station was Pueblo, Colorado, 700 miles distant. Many supplies were carried 400 miles by post wagon. Mails were infrequent and uncertain, and fourteen days were required for communications to reach Washington.

After passing through the long barren stretches of country traversed by the Southern Pacific Railroad, with only infrequent signs of habitation and but little vegetation, the first glimpse of Fort Bayard as we find it to-day is a surprise and delight. Green lawns, shade trees, and flowers replace the yucca, mesquite, and cactus. The fertility of the soil is beyond belief when a plentiful supply of water is available. The climate is delightful. Changes in temperature are gradual and, owing to the elevation, the heat is never excessive and the nights cool. There is but little snow in winter and the rainy season does not begin until about the last of June.

The Post was turned over to the Medical Department of the United States Army for use as a hospital in 1899, and many improvements have been made since then. The government has acquired by purchase several adjoining ranches and water rights, and has abundance of pure spring water. Many new buildings have been erected. Among the most recent is a residence for the nurses which will soon be ready for occupancy. Every provision for comfort has been made,

single rooms, each opening on a balcony, where the nurses can sleep if they so desire; electric lights, steam heat, and all modern conveniences.

The nurses have a pleasant home life at Fort Bayard, as the number at this hospital is seldom over twenty. Many have their own saddle horses, which are much cheaper than in the east, and can, as a rule, be sold without loss when the nurse is transferred. There is a tennis court, which can be used during the greater part of the year, and as the hours of duty are usually eight, there is ample time for outdoor exercise. One must expect to forego the pleasures of a city, but to any one who cares for the country Fort Bayard offers many compensations.

JANE A. DELANO, R.N.

Superintendent Army Nurse Corps.

SPANISH-AMERICAN WAR NURSES

CORRECTION.—In the revised list of members recently sent out, the names Beecroft and Beurnette should read as follows: L. A. Beecroft, life member, Minnequa Hospital, Pueblo, Colo.; F. D. Beurnette, no address.

The following names were omitted: Theresa Ericksen, life member, Redding, Cal.; M. A. Motschman, life member, 169 Main Street, Haverhill, Mass.; Edna Copeland, life member, 361 Sterling Street, Brooklyn, N. Y.; Kesiah Fenning, life member, 300 State Street, Brooklyn, N. Y.; Mary Gleason, life member, 170 Spruce Street, Detroit, Mich.; Mildred Shaw, Mt. Bethel, Pa.

The above members are asked to accept an apology.

ISABEL HARROUN, Corresponding Secretary.

NEW HAMPSHIRE

Concord.—THE CONCORD DISTRICT NURSING ASSOCIATION'S tenth annual report shows that steady, effective work is being done by the visiting nurses, Miss Moore and Miss O'Hara, with their pupil nurse assistants from the State Hospital Training School, each of whom has three months' service as a part of her training, two being constantly on duty. The association is urging a permanent home for the district nurses, where the pupils could be more constantly under the supervision and influence of their instructors.

A new venture during the past year was the four months' service as a school nurse given by Miss Moore as a means of educational enlightenment. Her work showed the need of such service, and of medical inspection of school children, but as yet no definite step has been taken toward its establishment.

MASSACHUSETTS

Boston.—THE CUSHING HOSPITAL ALUMNÆ ASSOCIATION held its quarterly meeting at the hospital on December 7. An amendment to the constitution was made whereby the official year begins on March 1 instead of December 1. Dr. Ida Brigham, who opened the hospital and was its superintendent for many years, was made an honorary member of the association. One of the most important matters considered was the establishment of a fund for sick nurses. Other items of business were transacted satisfactorily and some were laid aside until the next meeting.

THE MASSACHUSETTS GENERAL HOSPITAL ALUMNÆ ASSOCIATION held its

regular monthly meeting in the Thayer Library on November 30, Miss Anderson, the president, presiding. There was a good attendance. Bessie Fullerton, chairman of the entertainment committee, reported a program for future meetings which includes an address on state registration by Mary M. Riddle for the January meeting, and one on the woman suffrage question, later. After the business session, the members had the pleasure of entertaining Georgiana J. Sanders, the new superintendent of nurses. Other invited guests were Miss Madden, of the New England Hospital for Women and Children, and Mary Coonahan, of the Boston Charitable Eye and Ear Infirmary.

CONNECTICUT

New Haven.—THE ALUMNÆ ASSOCIATION OF THE NEW HAVEN HOSPITAL held its regular monthly meeting at which twenty-four members were present, and the president presided. Mrs. Smith read her report on the revision of certain sections of the by-laws, and after balloting on each section the report was accepted. Mrs. Marsh, chairman of the delegates' fund, reported that \$34 was raised by the social and supper given by her. Mrs. Prudden, president of the visiting nurse association, spoke on the Red Cross Christmas stamp, asking nurses to volunteer to sell them. Several offered their services. The association records with regret the departure of Rose Heavren, one of its most faithful members, with wishes for success in her new field of work. The association wishes to remind its friends of the fair to be given next November. Any articles sent will be cared for until that great event. Dolls dressed in the uniforms of the different schools will be very acceptable and gratefully acknowledged.

Derby.—THE GRIFFIN HOSPITAL was opened on December 3. Sara E. Parsons, formerly of the Shepherd and Enoch Pratt Hospital, is superintendent.

NEW YORK

THE STATE CENTRAL REGISTRY COMMITTEE has been appointed by Mrs. Twiss as follows: chairman, Miss Goodrich, with Misses Maxwell, Ehrlicher, Delano, Evans, and Samuel as members. This committee is at present acting as an advisory board to the New York County Association, which had already taken steps toward the formation of a central directory. A mass meeting has been called for January 4, at 8 p.m. at the Academy of Medicine, 17 West 43d Street, New York, by the county society, at which time a thorough presentation of the directory problem will be given and opportunity for free discussion afforded to all who are interested.

New York City.—ST. LUKE'S HOSPITAL ALUMNÆ ASSOCIATION, at its annual meeting held November 9, elected the following officers: president, Mrs. John Mann; vice-president, Dr. W. W. Tompkins; recording secretary, Blanche A. Blackman; corresponding secretary, F. C. Missiner, St. Luke's Hospital, New York City; treasurer, Mabel Wilson.

THE MT. SINAI ALUMNÆ ASSOCIATION PENSION FUND furnishes interesting study for those interested in benefits, sick and otherwise. Agitated in June, 1904, with a steady growth to 1906, at which time with a sum of \$1,283.15, by-laws governing eligibility, limitations, etc., were adopted,—in 1909, the sum of \$17,393.16 would indicate an early realization of the sixty thousand dollars needed to place the fund where claims upon it may be considered.

THE NEW YORK POST-GRADUATE NURSES' ALUMNÆ conducted a Christmas sale which was most successful from a financial as well as an artistic point of view. It was held in the east room of the Waldorf-Astoria, and the various booths, hung with smilax, white wistaria, and white chrysanthemums, and presided over by white gowned nurses, presented a pleasing sight. Pandora Fletcher and many other seers gave their services for the two evenings, musicians contributed to the entertainment, and over \$3000 was netted.

THE PRESBYTERIAN HOSPITAL celebrated on December 4 its 41st anniversary at Florence Nightingale Hall. Addresses were given by Dr. W. Gilman Thompson and Dr. A. Woodruff Halsey.

FRANCES BLACK, R.N., formerly superintendent of the Buffalo Homœopathic Hospital, and Ida Marker, R.N., formerly superintendent of nurses at the Hospital of the Good Shepherd, Syracuse, are superintendent and assistant at the Flower Hospital.

NANCY CADMUS, R.N., a former superintendent of the S. R. Smith Infirmary, Staten Island, has been appointed superintendent at the Manhattan Maternity Hospital.

NANCY ELLICOTT is superintendent of the hospital connected with the Rockefeller Institute of Medical Research.

ELIZABETH GREGG, formerly supervisor of nurses in the division of child hygiene of the Department of Health, has been appointed supervisor of nurses in the tuberculosis division.

THE NEUROLOGICAL INSTITUTE, 149 East 47th Street, was opened on December 1. The hospital is perfectly equipped for psychiatric work, has free and private wards, and a dispensary open daily, except Sunday, from 2 to 4 P.M. It is planned to give courses of instruction in mental illness, and physicians will be afforded an opportunity to send patients for diagnosis and an outline of treatment recommended by the governing medical board, among whom are Dr. Joseph Collins, Dr. Joseph Fraenkel, and Dr. Pierce Bailey. Miss Brown, of the Presbyterian Hospital, is superintendent of the hospital.

THE POLYCLINIC HOSPITAL has acquired land on 50th Street near 9th Avenue. This will prove of interest to residents of the west side, in view of the fact that the management proposes having an ambulance service. This portion of the town has been dependent since the discontinuance of the Roosevelt service upon the ambulances of hospitals too remotely located to give adequate emergency relief. The new hospital will have about nine stories with accommodations for 400 patients. The Ladies' Auxiliary of the hospital netted about \$1200 in its recent theatrical venture.

COLUMBIA UNIVERSITY has received from the estate of the late George Croker property valued at more than a million dollars, the proceeds of which are to be used for cancer research work as long as this is needed, and later, when the problem shall have been solved, for other medical and surgical research.

Brooklyn.—THE GERMAN HOSPITAL TRAINING SCHOOL ALUMNÆ ASSOCIATION held its regular meeting on October 28, having a good attendance. It was decided that the association should become a member of the King's County Association, also that it should open a German Hospital Registry. A social meeting was held on November 4 at the new nurses' home, opened that month, at 689 Bushwick Avenue.

A RED CROSS CENTRAL COMMITTEE has been organized by Brooklyn nurses with Elizabeth Dewey as chairman; other members of the committee are representatives from the different alumnae associations, each sending the chairman of its Red Cross committee or some other representative. A campaign was started for selling Christmas stamps, and exclusive right for selling them at the post-office and all sub-stations from which carriers are sent was obtained. Nurses were on duty at these stations each day from early in December until Christmas. They had the co-operation of the Brooklyn Branch of the Red Cross.

Rochester.—HAHNEMANN HOSPITAL has a new wing in process of erection which will increase the capacity of the institution to 100 beds and provide an up-to-date operating room. It is hoped that this Eastman wing will be ready for occupancy by spring.

AN ALLIANCE OF HOSPITAL WORKERS has been formed having as its object the improvement of conditions in local hospitals and training schools. This alliance will be known as the Hospital Circle of Rochester. All women graduate nurses who are instructors in hospitals or training schools are eligible for membership. There will be six meetings during the year. There are no dues and no officers. Each hostess provides the program and sends out the notifications. The first regular meeting was held with Miss May at the State Hospital. Miss Alline, state inspector of training schools, attended the organization meeting, which was held at the City Hospital, Miss Keith being hostess.

THE ROCHESTER CITY HOSPITAL ALUMNAE ASSOCIATION elected as officers on October 14: president, Katherine Kimmick; vice-presidents, Misses Hollister and Herman; recording secretary, Emma McCabe; corresponding secretary, Mary F. Laird; treasurer, Mrs. James Kelly.

THREE SCHOOL NURSES have been appointed by the mayor to serve under the Board of Health.

NEW JERSEY

Orange.—THE ORANGE TRAINING SCHOOL ALUMNAE ASSOCIATION held its annual meeting on October 25 at the home of Miss Day, thirty-one members and three guests being present. An interesting report was given by the delegate to the Associated Alumnae. The proposed amendments were voted upon, and the following officers elected for the coming year: president, Anna E. Greatsinger; vice-presidents, Josietta Hayden, Flora Moore; secretary, Antonie Knapp; treasurer, Annie I. Curry. The meeting was adjourned after a vote of thanks to Miss Day for her hospitality. Refreshments were served by the nurses living with Miss Day.

PENNSYLVANIA

THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES met during December for the consideration of applications for registration and to formulate a curriculum which has been outlined, to be suggested to all the training schools of the state, in the hope that some uniformity can be established in the training schools. Final action will not be had until recommendations are received from those most interested. These recommendations will, as far as possible, be embodied in the curriculum when a standard will be established by June 1, 1910, in ample time for those nurses who will find it necessary to come before the Board for examination in nursing on

June 1, 1912; as all nurses resident of this state previous to that time will be registered without examination, if the training school which they attended meets the requirements of the Act of Assembly.

The board has no affiliation with any other board, society, hospital school or sect of medicine; its object is to protect the public and the medical profession against persons not properly educated for the responsibilities of a nurse.

The board at its recent meetings granted registration to 485 applicants. These, by the Act of Assembly, approved May 1, 1909, are now privileged to use the title registered nurse or its abbreviation R.N., to wear the pin authorized by the board, and to be known as registered nurses.

Of the 485 applications granted registration, 212 are from Philadelphia, 52 from Pittsburgh, 15 from Reading, 7 from Scranton, 7 from Erie, 8 from Harrisburg, 6 from Lancaster, 4 from Lebanon, 6 from Meadville, 7 from Norristown, 8 from Washington, 4 from Williamsport. Other states represented are New Jersey 9, Maryland, Virginia, Ohio, Vermont, New York, Texas, Washington, D. C., Iowa, North Carolina, Colorado, Oklahoma.

ALBERT E. BLACKBURN, M.D., Secretary.

Philadelphia.—JANE ENGLISH, class of 1906, University of Pennsylvania Hospital, has resigned as directress of nurses of the Saratoga Hospital, Saratoga Springs, N. Y., to accept the position of superintendent of St. Christopher's Hospital, Norfolk, Va.

Allegheny.—THE ALLEGHENY GENERAL HOSPITAL NURSES' ALUMNÆ ASSOCIATION held its regular monthly meeting on November 8 at the nurses' home. After the transaction of business, announcements were made of the marriages of four of its members, and the birth of a son to another. A social hour followed.

The December meeting was held at 1224 Arch Street. All the old officers were re-elected for the new year, as follows: president, Rose Corbett; vice-president, Marie Hanlin; treasurer, Catherine J. Clover; recording secretary, Linna Mathews; corresponding secretary, Isabel Chaytor; chairman of the sick committee, Mrs. George Swearingen. The marriage of two members and the death of one were reported. After the business was transacted, the evening was given over to a musical program, arranged by Ada Jones and carried out by five of her friends. It was thoroughly appreciated by all present. An invitation to hold the next meeting at 1209 Resaca Place was accepted.

ROBINA STEWART, superintendent of nurses at the Allegheny General Hospital, has returned to her post of duty after an absence of six weeks on account of illness. All are pleased to have her restored to health. Cora Lash, one of the head nurses, has been called home to care for her sister, Anna Lash, who is suffering from a complete breakdown after a number of years of private nursing. Her associates wish for her speedy recovery. Helen Hendrickson left Pittsburg early December to spend the winter with Miss Whitton in California.

Wilkinsburg.—COLUMBIA HOSPITAL held graduating exercises for the second class of 1909 at the First United Presbyterian Church on the evening of November 29. There were fifteen graduates.

DISTRICT OF COLUMBIA

THE GRADUATE NURSES' ASSOCIATION at its annual meeting, November 2, elected as president, Helen W. Gardner, the Portner, Washington, D. C., secretary, F. Katherine Vincent, the Victoria, Washington, D. C. Freda Braun was elected delegate to the Conference on Infant Mortality held in New Haven. It was decided, as a means of stimulating interest and increasing membership, to give a course of lectures at the Woman's Department of George Washington University, one every two weeks. The following are the titles and speakers: "Custer's Last Fight," with stereopticon illustrations, Mr. C. H. L. Johnston; "Care of Sick Children," Dr. S. S. Adama; "Diet in Typhoid," Dr. Thomas Clayton; "Care of the Sick in the Navy," Surgeon Charles F. Stokes, U. S. N.; "Nursing for the Neurologist, the Psychic Factor, What to Avoid, the Principles that Guide," Tom. A. Williams, M.B.C.M.; "Red Cross Administrative Methods for the Nursing Corps," Miss Mabel Boardman; "New Surgical Devices and Methods of Treatment," Dr. William F. Sowers; "An Argument for Equal Suffrage," Mrs. Robert LaFollette; "Samoa, The Home of Stevenson," Mr. W. E. Safford; "Infant Feeding," Dr. Louise Taylor Jones.

THE CENTRAL REGISTRY FOR NURSES has been so fortunate as to secure the services of Miss M. E. P. Davis as registrar, following Miss Mary Winner, whose resignation was accepted with much regret, as she has served the registry faithfully during the three years of its existence.

The Registry Committee of the Graduate Nurses' Association gave a tea for Miss Davis on the evening of December 9 to which the superintendents of the different schools in the district were invited.

THE SUPERINTENDENT OF THE TUBERCULOSIS HOSPITAL in his annual report points out that the better class of graduate nurses will positively not expose themselves to tuberculosis for such a small compensation as thirty dollars a month, as shown by the great number of changes made in the nursing staff of the hospital during the year. He adds, "It is earnestly requested that this item of increase be urged before Congress before all others."

THE INSTRUCTIVE VISITING NURSES' ASSOCIATION has now a staff of fifteen nurses, including the school nurse, two tuberculosis nurses, and two sent by the Board of Health to visit all babies born under the care of midwives. For the year ending October 15, 1017 babies were seen by the nurses and there have been no cases of blindness among them. The Red Cross Day Camp has been under the care of the association and has, during its seven and a half months, cared for 56 patients, ten of these being children. It is hoped that an open-air school may be started another year.

THE METROPOLITAN LIFE INSURANCE COMPANY began on August 15 to send out visiting nurses, and thus far the plan has been successful, the great gain being the reaching of the middle class. The calls are sent on postal-cards to the two central offices of the company, and from there to the visiting nurses' home. The company pays for each call at a given rate, based upon the average number of calls made by the nurses and the cost to the society.

THE COLUMBIA AND CHILDREN'S HOSPITAL ALUMNÆ ASSOCIATION reports a change of address of its secretary, Susie A. Martinmas, to 1406 L. Street, N. W., Washington, D. C.

MARYLAND

Baltimore.—THE UNIVERSITY OF MARYLAND NURSES' ALUMNÆ ASSOCIATION held its last quarterly meeting at the graduates' club, 27 North Carey Street, on December 6. After reports for the year were heard, there was a general discussion as to ownership of the JOURNAL, its value to the profession, etc. A contribution was voted to the Associated Alumnæ for the purpose of helping that body to the absolute ownership. Discussion on subjects of current interest followed. Refreshments were served later. The newly elected officers are: president, Mrs. Page Edmunds; vice-presidents, Misses Bell and Elgin; secretary, V. C. Weitzel, 21 North Carey Street; treasurer, Mrs. Nathan Winslow, 3112 West North Avenue; members, Mary E. Rolph, Miss Lawrence.

VIRGINIA

THE GRADUATE NURSES' ASSOCIATION OF VIRGINIA will hold its tenth annual convention at Murphy's Hotel, Richmond, January 25, 26, and 27, 1910. All members are cordially invited to attend. Special rates have been secured from Murphy's Hotel, where meetings will be held. For rates and further particulars all who expect to attend will please address Mrs. Charles W. Eaton, 2517 West Grace Street, Richmond.

AGNES JOHNSTON EATON, R.N.
Chairman Arrangements Committee.

NORTH CAROLINA

Greensboro.—CLEONE HOBBS, who has been for over two years superintendent of the Wilson Sanatorium, Wilson, has resigned and expects to do private nursing in this place.

OHIO

Cleveland.—THE BABIES' DISPENSARY AND HOSPITAL issues its third report and it is with regret that the reader learns that the hospital is still only a hope of the future, though the work of the dispensary increases in its value to the community both in the actual saving of infants' lives and in its educational campaign for the instruction of mothers. A new departure this last year was the establishment of an out-door ward which was kept open for two months during the summer for the care of the very sick babies who had not proper home surroundings. This was kept open by night and day, and was located on private property in a residence section of the city, as the dispensary is not favorably located for a camp. The tents were well equipped for the work, thirty-seven babies were cared for, and the results were most gratifying but emphasize strongly the need of a permanent hospital.

MICHIGAN

THE STATE BOARD OF REGISTRATION OF NURSES held its first meeting in Lansing on December 10, electing the following officers: president, Elizabeth G. Flaws, Grand Rapids; vice-president, Mrs. Elizabeth Tacey, Detroit; secretary, F. W. Shumway, M.D., Lansing.

MINNESOTA

THE MINNESOTA STATE BOARD OF EXAMINERS OF NURSES will hold the last examination under the waiver of the state law regulating the practice of nursing, January 21, 1910. Examination to be held at the City and County Hospital, St. Paul, Minn., at 9 A.M. on above date.

All applications must be in the hands of the secretary twenty days before date set for examination (that is, before January 1, 1910.) After January 1, 1910, all graduate nurses must take the examination for state registration and non-graduate nurses will not be eligible for state registration either with or without examination. Graduates of special hospitals will be eligible for examination for state registration only with additional training in an approved general hospital. It is therefore necessary that all applications for state registration under the waiver be sent in at once.

Application blanks may be obtained upon application to the secretary, Helen M. Wadsworth, R.N., 1502 Third Ave. S., Minneapolis, Minnesota.

HELEN M. WADSWORTH, R.N., Secretary.

St. Paul.—THE MOUNDS PARK SANITARIUM TRAINING SCHOOL held graduating exercises on the evening of November 24 at the First Swedish Baptist Church. Addresses were given by Rev. Magnus Larson and Dr. C. Eugene Riggs. The class was presented by Miss Ida C. L. Isaacson, diplomas were conferred by Dr. Robert O. Earl, and the pins were presented by Mrs. Bertha Morris. There were nine graduates.

COBB HOSPITAL issues its seventh annual report, which contains illustrations of the homelike hospital building and of several of the rooms, including one of the well-equipped operating room. There are accommodations for twenty-two patients. A training school for nurses is maintained by the hospital; Miss L. H. Keller is superintendent.

ILLINOIS

THE ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES held its annual meeting in Chicago, November 10. The president, Miss Ahrens, presided. The only speaker of the afternoon was Dr. Gustave Blech, director in chief of the Illinois Legion of the Red Cross, who gave a very interesting talk on the Red Cross Corps work. The following standard has been adopted for the schools whose graduates are to be accepted into membership of the state association: 1. The school to be in charge of a nurse, who is a graduate in good standing of a recognized school and who has the opportunity of directing the practical and theoretical instruction of the pupil nurse. 2. Pupil nurses are not to be sent out on private duty. 3. There is to be a three years' course covering training in the following branches of nursing: (a) surgical; (b) not less than three months, medical nursing; (c) three months, children; (d) ten cases of obstetrics, with the care of the mother and baby. The above training need not be given in one hospital, but may be obtained by affiliation with one or more. Graduates of schools which do not give the above, but who can show that they have obtained the necessary training after graduation, may be accepted into the society if their applications are otherwise desirable.

The following officers were elected: president, Ellen Persons, R.N.; vice-presidents, Eva A. Mack, R.N., Jessie P. Scott; secretary, Margaret P. Little, R.N.; treasurer, May Russell.

The members were delighted to have Jane A. Delano stop over with them for a day on her return from the west where she had been visiting the army posts. In the afternoon she spoke to the nurses in general on army nursing and Red Cross work. There was a very full meeting and every one enjoyed meeting and hearing Miss Delano. In the evening the Board of Directors of the Illinois State Association gave a dinner in her honor at the LaSalle Hotel which was well attended.

A SUGGESTIVE OUTLINE of instruction to be followed in the nurse training schools in Illinois for the period of time following the first three months' work as previously outlined. This has been arranged with the idea that the class was to be admitted September 1.

Preliminary work, September, October, November: First year, 24 teaching weeks between December 1 and June 1; second year, 37 teaching weeks between September 1 and June 1; third year, 37 teaching weeks between September 1 and June 1. Vacations: 2 weeks at Christmas and New Year's; 2 or 3 weeks for individual pupils between June 1 and September 1.

FIRST YEAR.—*Nursing*.—Text-book, Maxwell and Pope. Three classes on bacteriology with demonstrations, 5 hours; 1 class on ventilation, 1 hour; 1 class on care of ward, 1 hour; 1 class on bed making, 1 hour; 1 class on care and comfort of patient, 1 hour; 2 classes on symptoms, 2 hours; 1 class on temperature, pulse, respiration, 1 hour; 1 class on baths, packs, with demonstrations, 1 hour; 2 classes on counter-irritants with demonstrations, 3 hours; 1 oral review, 1 hour; 1 written review, 1 hour; 2 classes on examination of urine, 2 hours; 1 class on douches, with demonstration, 1½ hours; 1 class on enemata, with demonstration, 1½ hours; 1 class on lavage and gavage, with demonstration, 1 hour; 2 classes on administration of medicines, 3 hours; 1 oral review, 1 hour; 1 written review, 1 hour. 24 classes, 30 hours.

Diet Cooking.—1. Setting of trays and measuring. 2. Drinks. 3. Nourishments. 4. Milk. 5. Liquid meat foods. 6. Gruels, mush, porridge. 7. Toasts and sandwiches. 8. Oysters. 9. Eggs. 10. Milk soups and rice. 11. Gelatine. 12. Batters, to doughs. 13. White bread. 14. Whole wheat, graham, corn, rye, gluten breads. 15. Potatoes. 16. Meats. 17. Fish. 18. Vegetables and fruits. 19. Salads. 20. Desserts. 21. Ices. 21 demonstrations, 42 hours.

Anatomy and Physiology.—1 class on tissues, 1 hour; cranial bones, 1 hour; facial bones, 1 hour; chest and spinal column, 1 hour; shoulder girdle, arm and pelvic bones, 1 hour; lower extremities and joints, 1 hour; oral review, 1 hour; written review, 1 hour; head and mastication muscles, 1 hour; eye and tongue muscles, 1 hour; neck and back muscles, 1 hour; abdominal muscles, 1 hour. 12 classes, 12 hours.

Ethics.—Chapters 1-7, inclusive, 7 hours.

Lectures.—Dietetics, hygiene, anatomy, and physiology.

Summary.—Exclusive of lectures: Nursing, 24 classes, 30 hours; diet cooking, 21 classes, 42 hours; anatomy and physiology, 12 classes, 14 hours; ethics, 7 classes, 7 hours. 64 classes, 93 hours.

Peoria.—LUCY J. BREEN, class of 1903, Butterworth Hospital, Grand Rapids, Mich., has taken charge of Proctor Hospital, Miss M. J. Seymour, former superintendent having resigned to be married.

MISSOURI

THE MISSOURI STATE BOARD FOR THE EXAMINATION AND REGISTRATION OF NURSES held its organization meeting in Jefferson City December 8 and 9. Four members were present, Elizabeth Tooker of Springfield being absent on account of illness. After being duly sworn by the secretary of state the board elected Charlotte B. Forrester, president, and Mrs. Fanny E. S. Smith, secretary-treasurer.

The first meetings for the registration of nurses will be held in St. Louis on Tuesday and Wednesday, January 11 and 12, 1910; Kansas City, Thursday and Friday, January 13 and 14; St. Joseph, Saturday, January 15.

The names and addresses of the members of the board are: Charlotte B. Forrester, University Hospital, Kansas City; Mrs. Fanny E. S. Smith, St. Luke's Hospital, St. Louis; Ida Gerding, Lutheran Hospital, St. Louis; Maude Landis, Levering Hospital, Hannibal; Elizabeth Tooker, Springfield Hospital, Springfield.

St. Louis.—THE JEWISH HOSPITAL has inaugurated the system of instruction of nurses by expert teachers. During the present year instruction in anatomy will be given by Dr. Robert J. Terry, professor of anatomy in Washington University, who devotes his whole time to teaching and research in this department.

THE ST. LOUIS TRAINING SCHOOL GRADUATES of the Jewish Hospital have organized an *alumnæ* association with the following officers: president, Mrs. Isador Blueck, class of 1906; vice-president, Gilberta Harris, class of 1909; secretary and treasurer, Helen McAllister, class of 1909.

ST. LUKE'S ALUMNÆ ASSOCIATION held its annual meeting October 17 at the nurses' home. The following officers were elected: president, Anna Love; vice-president, C. R. Swift; corresponding secretary; Gertrude F. Sloane, St. Luke's Hospital; recording secretary, Louise Hilligas; treasurer, Mrs. Herbert Knight. During the past year the constitution has been revised and the plan, suggested by the JOURNAL, has been tried of having the business done by a board of directors composed of the officers and one representative elected by each class graduated from the training school. This board meets four times a year. The regular monthly meetings are devoted to educational and social work under the direction of a program committee. At the November meeting a helpful address was given on "The Work of the Tuberculosis Society of St. Louis" by Mrs. E. W. Kidd. At the December meeting Dr. George M. Tuttle told of the work of the milk commission of the city.

COLORADO

Denver.—THE COLORADO TRAINING SCHOOL ALUMNÆ ASSOCIATION held its monthly meeting at the home of Mrs. R. W. Arndt in December. Each member brought gifts to be distributed by the visiting nurses among the poor children at Christmas. The members have sold a great many Red Cross Christmas stamps.

DENVER NURSES were very much pleased to have a visit from Miss Delano, president of the Associated Alumnæ. They feel that now they have met and heard Miss Delano they will take more interest in the Associated Alumnæ, and in Red Cross work.

WASHINGTON

Seattle.—THE KING COUNTY GRADUATE NURSES' ASSOCIATION held its regular meeting Monday, December 6. Minutes of the previous meeting and reports of the executive committee and the registry were read. Mrs. Wm. P. Harper, president of the Seattle Federation of Women's Clubs, addressed the meeting on the work of the Federation. Mrs. Bessie Davis spoke of the advisability of erecting a cottage for nurses in the state afflicted with tuberculosis. The members voted ten dollars towards building the cottage and a committee was appointed to choose the site. Dr. Maud Parker gave the fourth of a series of lectures on "Moral Prophylaxis."

LAURA ATKINSON, a graduate of the Seattle General Hospital, has been appointed second nurse for the Antituberculosis League.

SEATTLE GENERAL HOSPITAL NURSES held a reception in the new nurses' home, on the evening of November 24.

CANADA

Toronto.—MARY A. SNIVELY celebrated the twenty-fifth anniversary of her superintendency of the Toronto General Hospital on December 1, when she was a recipient of a purse of \$1000 from her graduates, and the assurance from the trustees of the hospital that upon her retirement from the position she would receive an annuity from the hospital of \$700 a year.

BIRTHS

ON October 23, at Greensboro, Pa., a son to Rev. and Mrs. Frank Patterson. Mrs. Patterson was Bessie Stephenson, class of 1906, Allegheny General Hospital.

MARRIAGES

ON October 28, Mildred Stotler, class of 1907, Allegheny General Hospital, to Harry Pride Beigley.

IN September, Winona Marquis, class of 1896, Allegheny General Hospital, to George Knauff, of Bellevue, Pa.

AT Butler, Pa., on November 19, Alberta Webb, class of 1909, Allegheny General Hospital, to Howard Moore.

IN September, Dora P. Webb, class of 1906, Allegheny General Hospital, to Charles Paterson. Mr. and Mrs. Paterson will live in Aspinwall, Pa.

ON October 2, at Juneau, Alaska, Winifred Van Loon, class of 1901, Post-Graduate Hospital, Chicago, to Hans Bierd. Mr. and Mrs. Bierd will live at Juneau.

AT Altoona, Pa., on November 24, Nellie Ullery, class of 1909, Allegheny General Hospital, to Ralph Whittaker, M.D. Dr. and Mrs. Whittaker are living at Williamsburg, Pa.

ON September 15, Katherine E. Damm, graduate of the Hospital of the University of Pennsylvania, to John Kingsbury. Mr. and Mrs. Kingsbury are living at 23 Worcester Place, New Haven, Conn.

DEATHS

ON October 20, at Danville, Indiana, Anna Morris, R.N., class of 1906, Protestant Deaconess Hospital, Indianapolis.

ON October 25, at Chicago, Mrs. Cornelius Vanderpool, of septicæmia after a short illness. Mrs. Vanderpool was Anna M. Sturgess, class of 1902, Illinois Training School.

IN Seattle, Washington, after a short illness, Mrs. William Peacock, formerly Anna Johnson, class of 1896, Allegheny General Hospital. Mrs. Peacock leaves a husband and two children to mourn her loss.

ON November 25, at the German Hospital, Philadelphia, Mae Berlin, class of 1900, University of Pennsylvania Hospital. Miss Berlin was ill for nineteen weeks and was a great sufferer, but was always brave and cheerful and bore her illness with Christian fortitude, always thinking of others until the last.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

TUBERCULOSIS: A TREATISE BY AMERICAN AUTHORS, ON THE ETIOLOGY, PATHOLOGY, FREQUENCY, SEMEIOLOGY, DIAGNOSIS, PROGNOSIS, PREVENTION, AND TREATMENT. Edited by Arnold C. Klebs, M.D. D. Appleton and Company, New York, London.

The subject of this work is treated here by eighteen contributors, each one a specialist and a man of national celebrity in the study of tuberculosis. Among them may be named Dr. Baldwin, of Saranac; Dr. Barlow, of Colorado; Dr. Biggs, of New York; Dr. Freeman, of Denver; Dr. Minor, of Asheville. The different localities from which the writers get their observations make comparison interesting. Dr. Osler furnishes the book with an historical introduction; and it has an appendix containing leaflets or short papers on different subjects germane to the main question and intended for circulation in schools, among families, and in the various directions calculated to attract the masses. They are mostly on the prevention of tuberculosis, suggestions for diet, also some suggestions for treatment.

BACTERIOLOGY FOR NURSES. By Isabel McIsaac, author of "Primary Nursing Technique," "Hygiene for Nurses," "Hygiene for the Use of Public Schools." Macmillan Company, New York. Price \$1.25.

Miss McIsaac in her fourth text-book gives us the best of her series so far as they have appeared. To those who know her earlier books this says a good deal, but it is easily confirmed by perusal of the work. Beginning with a short introduction on the discovery of bacteriology coincident with the development of the microscope, and passing on to the structure, mode of development, and composition of bacteria, the book goes on to introduce methods of study; carrying us to the laboratory where the nurse is taught the definition of cleanliness and where we get a glimpse of the processes of culture media, with all the elaborate apparatus for isolation, identification and staining.

A schedule, for twelve laboratory exercises of two hours' duration

is appended to the preface for the use of teachers; this includes the washing, plugging, and sterilizing of glassware; the making of media, technic of inoculating media, preparation of plates, hanging drop, and the use of the microscope, followed by a series of exercises in microscopy involving many practical points such as examination of air and dust, dust cultures from the hands before and after sterilization, examination of milk, etc.

The latter half of the book is concerned with the theoretic teaching of the relation of bacteria to disease, and includes (a) the principal conditions and diseases known to be due to specific micro-organisms, such as inflammation, suppuration, pneumonia, meningitis, the venereal diseases, tuberculosis, leprosy, typhoid, diphtheria, etc.; (b) the diseases caused by organisms which are yet unknown, such as smallpox, scarlet fever, measles, whooping-cough, mumps, and yellow fever. The last chapter deals with the bacteria found in air, soil, water, and food.

VISITING NURSING IN THE UNITED STATES. By Yssabella Waters, Henry Street (Nurses') Settlement, New York City. Charities Publication Committee, 105 East 22d St., New York. Price \$1.50.

This book contains a directory of the organizations employing trained visiting nurses, with chapters on the Principles, Organization and Methods of Administration of such work. It is issued for the purpose of showing what is being done in America by the district nurse, her work in the generally accepted definition of the term, and also in the newer lines which have developed in social work—welfare work, school nursing, preventive and educational work.

This work, extending as it does throughout the length and breadth of the commonwealth, employs a staff of 1413 nurses, who are organized in 566 associations financed by corporations and private individuals.

Miss Waters's work is of necessity largely concerned with directories and statistical tables, but under her manipulation even these take on a human interest. So many of these 566 nursing societies owe their organization to one individual, who either provides the money for a nurse's salary or by energetic effort forms a committee for the collecting and administering of the funds to run the association,—others are incorporated, some being endowed. Miss Waters has been herself a resident of the Henry Street Settlement of New York City, an organization which has no equal among the visiting nurses' associations, either in the system of its administration, the number of nurses employed, and the wide-spread field of its operations, or in social and civic work

which radiates from it. From her experience while connected with Henry Street she is particularly well fitted for the task she has undertaken in the present volume, namely, the listing and classifying of all the organizations for district or visiting nursing in the United States, with the number of nurses employed in each, the salary paid, and other items of interest to nurses seeking a field for work, or individuals who may be on the lookout for ideas for the starting and maintaining or otherwise organizing such work. The book is a labor of love on the part of Miss Waters, whose modest hope and expectation is that its sale may pay for its publication.

CARE OF MOTHER AND CHILD. By Clarence M. Cheadle, M.D., member of the American Medical Association, Illinois State Medical Society, North Central Illinois Medical Association, Lee County Medical Society. With an introduction by Charles Edwin Ruth, M.D., formerly Professor of Surgery and Anatomy, Keokuk Medical College, now of Ponce, Porto Rico. Published by the author, C. M. Cheadle, M.D., Ashton, Illinois. Price, cloth \$2.00; flexible leather \$2.50.

There is still room for another book on the care of the mother and child, notwithstanding the fact that the subject has been written and rewritten, one would think, to exhaustion. There still remains, however, a vast body of young women starting forth on a difficult and dangerous mission of motherhood for which they have little or no preparation. The present volume may seem to some to sound too loud the danger signal. If, however, we note the percentage of the death-rate which the author gives, as due to causes connected with pregnancy and child-birth, one realizes that there is every need to make young mothers and expectant mothers acquainted with the difficulties they are to encounter and the best means of overcoming the same. Dr. Cheadle's book contains matter of vital importance to those who "bear, rear, or have to do with the care of children." The care of the mother during pregnancy, at and after confinement receives due attention in the first part of the book, about one-fifth; the remainder deals with the hygiene and general care of the child, its growth and development, its nutrition, and ends with diseases incidental to childhood. Particular stress is laid on the importance of right methods in infant feeding when artificial feeding is necessary, and, as this means seems to be the rule rather than the exception at present, the author makes this the strongest point of the book, advocating the calorimetric method and recommending especial care in the following essential features:

“ (a) Prepare a food which has a sufficiently high caloric value, being careful not to greatly exceed actual requirements.

“ (b) Give all the fat a child will bear, remembering that fat is more likely to cause disturbance than any other of the food elements.

“ (c) Watch carefully for evidences of overfeeding.

“ (d) Feed at intervals of not less than three or four hours and not more than four to six times in the twenty-four hours.

“ (e) Every child must be fed according to its own requirements and these may change from day to day.”

A table of food values is furnished and the amount needed is determined by the weight of the baby—food to produce about thirty-two calories for each pound of body weight being required per day.

A REFERENCE HAND-BOOK OF GYNÆCOLOGY FOR NURSES. By Catharine MacFarlane, M.D., Gynæcologist to the Woman's Hospital of Philadelphia. Price, \$1.25 net. W. B. Saunders Company, Philadelphia and London.

Another addition to the elegant little series of hand-books which Saunders Company publishes uniform with Dorland's Pocket Dictionary. The subject matter is necessarily very much condensed in the present volume and it is to be remembered that the book belongs to the series used for pocket reference and is not expected to go into the subject exhaustively.

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THE AMERICAN JOURNAL OF NURSING

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EDITORIAL COMMENT



THE AMERICAN NATIONAL RED CROSS CENTRAL COMMITTEE ON NURSING SERVICE

ON December 20, 1909, the Red Cross War Relief Board appointed the Central Committee on Nursing Service, the personnel of which will be found on the first page of the official department of this JOURNAL.

It will be remembered that in the plan of the War Relief Board, submitted to the Associated Alumnae at Minneapolis, there were to be nine nurses in a committee of fifteen, three of whom would be members of the War Relief Board, and six to be appointed from nominations from the Associated Alumnae. In order that, as far as possible, all parts of the country should be represented during this first year of organization, the War Relief Board has appointed seven nurses instead of six. Miss Jane A. Delano, superintendent of the Nurse Corps, U. S. A., is chairman of this Central Committee on Nursing Service, and before this JOURNAL reaches our readers the first conference of such members as can be gotten together will have been held in New York on January 20.

Because of the impossibility of bringing the members of the committee at a distance into frequent personal consultation, the policy to be followed, we are told, will be for those members who can come together to formulate plans and submit them to the absent members for suggestion and approval before rules are formally adopted.

All of the members of this committee are women whose names stand for achievement in some line of nursing service. The *Red Cross Bulletin* for October, commenting on Miss Delano's appointment as chairman of the Central Committee, says: "By this arrangement the whole system of the Regular Army Nursing Corps and Red Cross Nursing

Corps will be placed under one head, so that in case of war the plans for Red Cross nursing assistance will fall into complete accord with the demands of the army medical service. Miss Delano will, therefore, be not only fully advised as to the regular nursing strength of the army corps, but will know exactly the status of the volunteer aid of the Red Cross Nursing Corps."

By the appointment of this committee, with the majority of its members nurses, the responsibility of the nursing department of the American National Red Cross is placed upon the shoulders of the members of the Associated Alumnae.

The alleviation of suffering caused by war or disaster was the motive which gave rise to the original formation of the Red Cross. Nursing care is almost, if not quite, the most important branch of the service and of a kind which calls for soldierly qualities of patriotism, courage, and endurance, with womanly dignity, tenderness, and professional skill. So far, the nurses of the country have not responded to the call for enrollment in the Red Cross as they should, the reason frequently given being that such a department under the direction of laymen could not be conducted on a practical working basis. This excuse can no longer be advanced,—the work of organizing a Red Cross nursing service is now in the hands of nurses. With the concentrated strength of all our national and local nursing societies it can be made a practical working force. No one group of women has ever been given such an opportunity to prove its ability to do a great work as the nurses of America now have before them. Unity and co-operation are the means to accomplish it.

REORGANIZATION OF THE NATIONAL RED CROSS

The Central Committee at Washington has found it necessary to make certain changes in the form of the state branches, and in a letter to these branches, under date of November 1, the reasons are clearly set forth. Briefly stated, distances which prevent representation from all parts of a state, with a tendency to concentrate officers and members at some central point, absence of state officers, jealousies, etc.,—conditions detrimental to the best interests of the Red Cross. Moreover, experience has taught that in case of disaster within the state the governor is the one who makes the appeal for assistance to the rest of the state, or to the President of the United States if national help is needed. Therefore, that the national headquarters with its active working force may be in immediate and close touch with all its branches when relief is needed, new regulations have been adopted by which

local branches, hereafter to be called "chapters," will be in direct communication with headquarters at Washington, retaining fifty cents on the annual dues, instead of twenty-five, for local use, and each chapter may have the privilege of sending one delegate to the annual meeting at Washington. The state boards will assemble only in case of war or serious disaster.

The charters, by-laws, and regulations for state boards and chapters have been issued under date of January 1, 1910, copies of which may be obtained from Major-General George W. Davis, chairman Central Committee, American National Red Cross, Washington, D. C.

PROGRESS OF THE JOURNAL PURCHASE FUND

THE treasurer's report of returns for the Purchase Fund of the Associated Alumnae shows \$343 for the month ending January 15, and \$1655.50 since the Minneapolis conference.

The Nurses' Journal of the Pacific Coast, commenting editorially on the special effort which is now being made by the Associated Alumnae to assume the entire responsibility of the AMERICAN JOURNAL OF NURSING, says: "The truly admirable undertaking of the Nurses' Associated Alumnae in planning for the ownership of the AMERICAN JOURNAL OF NURSING is a subject on which Pacific Coast nurses are all informed, and, we trust, enthused. Probably many of us have been roused to a fine glow of appreciation of our own part in this project, have formed the best of intentions to donate something toward the fund, and then, in the routine of a workaday world, we have forgotten our good intentions like the best made New Year resolutions, awaiting a more convenient season. It is the purpose of this appeal to remind each and all that in spite of some foregoing remarks, for all practical purposes, in a question of dollars and cents there is, after all, no time like the present.

"For the benefit of those members who may not be fully informed we give the financial situation as outlined by Miss Delano on the occasion of her recent visit to San Francisco. The original stock of the AMERICAN JOURNAL, bought by a certain number of shareholders, was planned to be held by them only until such time as they might be bought up—preferably by the Nurses' Associated Alumnae. From time to time, money has been subscribed by affiliated associations largely, until the Alumnae now owns at least forty-two shares, and perhaps fifty by the first of January.

"As the Associated Alumnae actually now owns about forty-two per cent. of the stock, it follows that the association has assumed the

controlling interest of the AMERICAN JOURNAL. For this reason, and considering the original plan specified, it is plain, as pointed out by some of our broad-minded eastern women, that, having gained the controlling interest, the Alumnæ is actually morally obligated to assume the ownership of the remaining portion as soon as funds may be raised for that purpose.

"The problem of a sum of about five thousand dollars to cover the cost of these remaining shares ought not to be difficult among a membership of fifteen thousand wage-earning professional women. But while the formation of a working plan is comparatively simple, it becomes sometimes most difficult to sufficiently stimulate popular interest in that working plan to *make it work*. As stated by Miss Palmer at Minneapolis, if every member would contribute the sum of fifty cents, the JOURNAL is ours, with no undue amount of effort or self denial on the part of any one individual.

"The AMERICAN JOURNAL OF NURSING is one of the most far-reaching, broad, and potent influences in nursing education and progress that we have in America to-day. It is the medium through which other sources of reform may reach us. It is the official organ of a society of fifteen thousand American nurses and its ownership is one of the most laudable ambitions which that society will ever realize. The AMERICAN JOURNAL stands for national progress and national unity. It brings the isolated nurse into communication with our centres of progress, and is a connecting link in the chain which binds the American nurse to her sister in far distant lands.

"Having conceded the moral obligation of ownership and the invaluable influence of our national journal, it is evident to every broad-minded member that this responsibility becomes the personal concern of every loyal individual in the ranks of the Alumnæ. It is true that California has already pledged one hundred dollars toward the JOURNAL Purchase Fund. If there be any of our state members who have seen in this a duty discharged, let them consider that this represents the munificent sum of ten cents per capita out of an annual due which in any case we must pay—a truly dazzling outlay from our generous western viewpoint. Now is the time for the Pacific Coast nurses to come forward and start the ball—or perhaps more fitly expressed, the dollars rolling. It is our truly golden opportunity to prove our western generosity. We hope every month to print in the *Pacific Coast Journal* a long list of names with contributions to the Purchase Fund. The year of 1910 marks two events in nursing progress—the fiftieth anniversary of the establishment of training schools by Florence Nightingale

and the tenth anniversary of the *AMERICAN JOURNAL OF NURSING*. It has been suggested that this year's meeting be made a jubilee year in honor of this first event. Let us all lend our personal aid to make possible the celebration of both events in the entire ownership of the *AMERICAN JOURNAL* by the Nurses' Associated Alumnae of the United States."

THE NURSE'S UNIFORM

EVER since the establishment of training schools for nurses, superintendents have been untiring in their efforts to teach their pupils not to wear their uniforms on the street or in public places, but to reserve them for the sick room. This is a rigid rule in a great majority of schools for sanitary and ethical reasons, and is agreed to willingly by private duty nurses of good taste who, like all well-bred people, wish to avoid what is conspicuous. Nurses who wear their full uniforms in shops or theatres or in travelling are usually of the gum-chewing, peanut-eating type, who have been so unfortunate as not to have been taught better at home, for one's early training has a more lasting effect on manners and character than any number of training-school rules or precepts.

The district field is the only exception to this rule. Here, for the same sanitary and ethical reasons, the uniform is necessary, but it is hidden beneath a simple dark coat which completely protects it.

Now comes the demand for nurses in uniform to sell tickets or distribute programs at bazaars or concerts, or to appear at public meetings in connection with the tuberculosis crusade, or to help sell the Red Cross Christmas stamps. Nurses in uniform in the corridors of postal stations or in the lobbies of public buildings have become a common sight in many cities. The cause is a most worthy one, and it is quite right that we should enter it enthusiastically and show our intimate connection with the crusade, but is it necessary or advantageous that we should permit our uniforms to be used as a drawing card to attract popular notice? The white dress, cap, and apron are suitable only for the hospital or sick room and are out of place in a dirty, noisy, draughty public place.

If the presence of nurses is such a help to the sale of the stamps that those in charge of arrangements seek for their assistance, it seems to us they should be allowed to wear the brassard of the Red Cross on the sleeve of a dark coat. They would then be suitably apparelled for a public place and would be given recognition as belonging to the medical branch of the tuberculosis work without being disagreeably conspicuous.

We have been appealed to by a teacher of nurses for an opinion as

to what the future attitude of the schools should be in regard to the wearing of the uniform and in encouraging their pupils and graduates to meet these demands, and while we do not give this as more than a suggestion, we make it in the hope that others may add further light by taking up the subject for discussion at state and local meetings, or in our pages.

CONVENTION LESSONS

EVERY great gathering of people in the form of a convention has its lessons for us who are still in the period of infancy in our national life. The Student Volunteer Convention which has just closed its sessions in our city was conducted in an absolutely business-like way. All of the delegates, more than 3600 in number, were entertained in the homes of the citizens, and this had a twofold advantage,—it enabled students of limited means to attend the meetings, and was a means of instruction to those who acted as hosts, as they could not but become interested in the work of the association through its enthusiastic representatives.

The meetings were held three times a day, for five days, and the great majority of the young people attended strictly to the work at hand. This was necessary, as the speakers on the program were not announced in advance, and in order to hear any particular one the delegates must perforce be present at each meeting. The morning and evening sessions were general in character and were attended by all; the afternoons were spent in section meetings which proved of great practical value, as there was a better chance for each to hear of the special work in which he was most interested and there was some opportunity for discussion. All sessions, whether general or special, began and ended exactly on time, the doors were closed when the seats were filled, and no one was allowed to enter or leave the hall during addresses.

Having witnessed the great enthusiasm and interest in this gathering, which comes but once in four years, and in our International Council of Nurses, which meets but once in three years, the thought has come to us that perhaps we might with advantage lengthen the period between our national meetings of superintendents and of the Associated Alumnae to two years. Would not the interest and value of the meetings be even greater? And would not the saving in expense be worth considering? A great deal of the educational work done by the Associated Alumnae could be properly carried on by the state associations, while the local groups of training-school superintendents which are so rapidly forming in all parts of the country and which are doing such effective work make an annual meeting of the superintendents of the country less necessary than formerly.

We are being somewhat criticised for our constant harping upon the expense of our conventions, but we are in a position to know how serious a consideration this is in carrying out an effective program, that local work is handicapped by the necessity of sending delegates so frequently and to such distances, that the earning capacity of the average nurse has not increased with the growth of our organizations while the cost of living has increased, that the obligations of state registration make the promotion of educational measures in the states of much greater importance than in the earlier days of our national societies, and that consequently the husbanding of our state and local resources is a factor that must be given greater consideration rather than less.

DEATH OF A PIONEER WOMAN PHYSICIAN

DR. SARAH R. ADAMSON DOLLEY, who died at her home in Rochester, N. Y., on December 27 at the age of eighty, was one of the pioneers among woman physicians, not only of this country but of the world, having been granted the second diploma in medicine ever given a woman. She at first studied medicine with an uncle who was a physician, and then applied to thirteen different medical colleges before being admitted to one in Syracuse, now out of existence. After graduation, she served as an interne at Blockley, having the distinction of being the first woman interne in the world. Dr. Dolley practiced in Rochester until 1900 and has in a quiet unobtrusive way been a moving spirit in the progress and organization of women physicians. Up to the time of her last illness she was in close touch with all that was being done by her colleagues. At the time of the Civil War she helped organize the local Red Cross work, and was closely associated with both Clara Barton and Susan B. Anthony.

THE PRIVATE DUTY NURSE—HER LIFE, HER IDEAL, HER NEEDS *

BY KATHARINE DEWITT, R.N.

THERE was a time in the memory of all of us when the private duty nurse was the sole glorious exponent of our profession. When any one spoke of the trained nurse, he meant the private duty nurse, for she was the only variety known,—the few hospitals of the country being presided over by women of such unusual gifts and ability that they didn't count except in an upper class of their own. Since the rapid growth of training schools, needing nurses for executive positions of all kinds, since the perfection of surgical technic, which requires a graduate nurse to preside over every operating room, since the rise of social service work in its various ramifications, with its army of nurses working along distinctly philanthropic lines, the private duty nurse has fallen somewhat into the background.

She is still needed by vast numbers of the sick and she is still fulfilling her tasks quietly and faithfully, but she no longer has to bear on her shoulders the entire responsibility of the nursing profession as it is judged by the public. Sometimes she is even regarded a little askance as a being whose aim in life is to earn money and whose occupation is more or less menial in character.

Let us consider what her field of labor includes and what her opportunities are.

The private duty nurse has chosen this special branch of her calling as best for her, either for reasons of special adaptability, love of the work, the needs of the people of her locality, or because of family obligations. Her life is an isolated one, that is, professionally isolated. She is always in close touch with other human beings, but she is not in contact with other nurses except in the intervals between cases. Her life may easily become an uninteresting grind, and she needs occasionally to stop and see where she stands, what her place is in the world's work, to get a glimpse of the really great medical profession of which ours is an humble part. We look back over the ages and see how medicine and nursing have worked their way up through darkness, ignorance, and superstition, by patient endeavor and long research and occasional wonderful discoveries, to our present knowledge. Every age has added

* Read at the eighth annual meeting of the New York State Nurses' Association.

a little to what was known before. Every age has something to inherit, something to build upon, and something to add.

One would suppose that through this slow growth of knowledge added to knowledge we should have now a most complicated and subtle science to deal with, but the surprising and beautiful truth about medicine is that it is all the time becoming simpler, so that the present generation of doctors and nurses is earnestly engaged in methods of prevention, in teaching people to keep well, to help nature perform its cures in its own perfect way. Less and less of medicine and dosing, more and more of healthful living is our lesson to-day.

Now if we could have an army of health missionaries to preach these doctrines to rich and poor, what progress might be made! But we have them! Here are the visiting and hospital nurses preaching these truths to the very poor; here are the private duty nurses preaching the same truths to the rich, to the well-to-do, to the wage earner, to the farmer. Could anything be more useful and necessary than such a crusade?

Do not fancy that the well-to-do do not need teaching; the nurse who works among them knows better. She is trying tactfully but persistently, in one family after another, to show the benefits of fresh air and sunshine, of simple food and healthful bodily exercise, of sane methods of dressing.

In her country cases her problems are tremendous. Here are people sleeping with closed windows, living on fried salt pork and hot bread, keeping their little children indoors all winter, if below school age, not even providing them with overshoes and warm wraps, because they see no necessity for their going out. They open their eyes in amazement when you urge them to let the pale child who has been shut up in school all day have an hour of fresh air and play before coming in to do his chores.

It takes tact of the finest sort and something more than tact to teach these lessons without giving offence. We have first to watch all these things quietly without saying a word, while making our way to the hearts of the people we are with, and this we can do in only one way, not by art or pretense, but by a real affection for them and an unfeigned interest in their joys and sorrows. When once they have learned to trust us and to know us as friends, they will listen to our carefully given suggestions, and will stop jiggling the baby every moment, and take away the dirty rubber nipple it has been continually sucking. They will gingerly try letting in a little air. They will allow you to bundle up the little folks and take them out. When you leave, perhaps they will have learned a few of the first principles of healthful living; you can't make them over in a few short weeks.

The nurse who tries to make sweeping reforms in all directions as soon as she has established herself succeeds in being regarded as a nuisance and fails of any good except in the actual care of her patient, and that is such a narrow field.

The nurse who is called to an infectious case must work with the doctor to hunt out the source of infection and remove it so that it will not be the cause of other cases of illness, and must so educate the family and, if necessary, the community, that they will know how to keep a watchful eye on the water and milk supply and to dispose of all refuse. If she has not been taught these things in her training school, she has now at her command the books on hygiene written especially for nurses and can inform herself. She is not fulfilling her duty if she contents herself with the mere care of the patient.

Then there are the evils of self-dosing with drugs and patent medicines,—every nurse comes in contact with these again and again. Here the good nurse is an invaluable ally of the good doctor, for she can show her patients how foolishly extravagant and harmful it is to try experiments which may result in postponing some trouble beyond the possibility of relief; how honorable they will find the doctor in his judgment; how much worry they may avoid if nothing serious ails them; how much safer they are in his hands than in their own. The servants of a family need a good deal of such advice. How often we see a bottle of Peruna or Lydia Pinkham on the kitchen shelf. Here too we must win our way and not speak until we have won the confidence of the maid by our genuine kindness and interest.

There are for all of us many opportunities to give instruction in home nursing and we should not be too lazy or indifferent to teach those who assist us or who watch us, how to make a bed, how to turn a patient comfortably or without harm, how to give a bath. We need not be afraid of giving away our secrets. It is a mark of charlatanism to guard one's craft, it is the mark of a true profession to wish to disseminate and share one's knowledge, and every woman in every home should know something of nursing.

The obstetrical nurse is perhaps the greatest of teachers we have. When we remember that the family is the most sacred possession of the nation, when we realize that the present and future health of the mother and child rest largely in our hands after the labor is over, and that the comfort and happiness of a whole family depend upon the kind of baby we train and the kind of teaching we give those who are to care for it, we should only be afraid we are not going to be able to live up to the responsibility and privilege that are ours. Nothing is more

absorbingly interesting or more satisfactory, nothing we can do as nurses is more important, and it is so needful that it should be done perfectly, that those women who find themselves uninterested or unadapted to this work should immediately abandon it, there is too much at stake to trust it to those who are not made for it, and there are many excellent nurses who fail altogether in obstetrics.

In our new crusade for venereal prophylaxis the private duty nurse must be our main reliance. Who else is to reach the mother in her home and show her how tremendous her duty to her children is! We must all be well informed, at the start, with the facts which cannot but stir the soul of every woman who grasps them.

Many a nurse finds herself in a tiny city flat or out on a lonely prairie with no help for the needs of a whole family but her own. In such a crisis she almost always rises to the occasion and performs all sorts of duties which were not included in her nursing education but which are hers as a woman to assume in time of need. She does them to the best of her ability and learns the truth of the old adage that "Duty performed is a rainbow in the soul." When the long day's work is done and there seems a prospect of a fairly peaceful night, she lays her tired bones on some old bumpy couch and with the thought that the mother is gaining, the children are well and happy, the father less anxious and immensely grateful, she sees the rainbow shining and her heart is filled with peace. When she reads the frequent attacks upon the private duty nurse as failing in her duty to the people of the middle class, she heaves a sigh of perplexity, wishes she knew how to solve the problem, wonders whether she will have to take some of her savings to pay her next room rent (these people she is with seem so poor) and goes on her faithful way, too busy to proclaim to the world what she is doing or how she is doing it.

The parable of the Good Samaritan has always been a consolation to me. He did not set out to be a philanthropist, but we are told that "as he journeyed" his opportunity came to him, and he performed it simply and as a matter of course. So may we who form the vast inconspicuous body of private duty nurses pursue our way of daily toil, and *as we journey* we shall find the sufferer by the wayside waiting for our help, and we too shall have a part in the great work of the world.

AFFILIATION

BY AMY M. HILLIARD, R.N.

Graduate of St. Luke's Training School, New York; Superintendent of Nurses,
Jackson Sanatorium Training School, Dansville, N. Y.

THERE can be no question of the ultimate benefit of affiliation to schools which cannot give adequate practical instruction without it, but such a school, if it desires to give a three years' course, will be confronted with the following problems: (1) difficulty in securing proper affiliation; (2) enrollment of one-third more pupils; (3) arrangement of class work in home school—to allow for break in its continuity; (4) obtaining consecutive class work during the year of affiliation; (5) arrangement of relief in case of very protracted illness on the part of any pupil during affiliation; (6) allowing sufficiently frequent vacations; (7) conducting final examinations.

The advantages of affiliation have become so obvious that there is not at this time the difficulty that there has been in securing one that will be of mutual benefit.

When affiliation is made for a year's work a third more pupils are required. In a school of from twenty-five to thirty pupils, two pupils are sent away quarterly and two return. This we have found breaks into the continuity of the second and third year's work very considerably. If the entire intermediate class could be sent at one time this would be obviated. This has not seemed possible, so we combined the intermediate and senior classes and have three divisions in the school—preliminary, junior and senior.

As far as we are able we send the pupils away at the end of the junior year. They have then had all the first year's work and examinations. Classes vary in size and we have found that some of the pupils of a large class cannot leave here until they are well into their intermediate year. This happens when the class is very large. If the next class is small the condition solves itself, but when the following class is also large we have been able to send additional pupils at certain times. All pupils who cannot go at the end of their junior year enter the senior class and take up the senior work until they leave. Senior classes are given in the same order every year and pupils upon their return take up the senior work where they left it the year before.

It has been difficult for these hospitals to give our pupils consecutive

class work except in obstetrics, on account of the quarterly changes of nurses. This has necessitated our making provision for this instruction here either before the pupils leave or after they return.

When it becomes necessary on account of protracted illness to send a pupil to relieve another, it introduces an irregularity into the plans for the work which is hard for both schools to overcome as it takes a year to straighten it out.

It has been found difficult to allow sufficiently frequent vacations. No vacations are given during the year of affiliation, as the pupils are transferred at the end of the nine months from one hospital to another. As our school is several hundred miles distant from the hospitals with which it affiliates, the impossibility of granting vacations between affiliations is obvious. We plan to allow the first vacation at the end of the junior year and the second upon completion of affiliated work. This, we regret to say, is not always possible and even when it is it makes a further very undesirable break in the senior class and lecture work.

In a few instances where pupils have not begun the supplementary training until well into the third year it has been necessary to conduct final examinations by mail—a not altogether satisfactory proceeding for either school.

It is surely of great advantage to have pupils on general duty who are prepared to meet surgical or other emergencies which arise frequently in a large institution, which are not of sufficient frequency to give all pupil nurses proper training, but offer an excellent opportunity for supplementing their ward training of this character with work here among private patients. A further advantage is that when the senior nurse returns after a year's absence she finds an entirely new junior class. Practically all pupils who were on duty here when she left save her own classmates are either taking the affiliated training or are graduated. She is entrusted with various positions of responsibility and, as she is not acquainted in any way with the junior pupils, she is by reason of the poise gained from her varied experience and the junior's unfamiliarity with her able to maintain good discipline.

It would seem that the introduction of pupils from one school into another for so long a time would interfere with necessary discipline, but our two and one-half years' experience with the same affiliations has been devoid of anything approaching unpleasantness or friction between pupils of both schools. In fact, the homecoming pupils are, by their enthusiasm, an inspiration to the others.

WHY, WHEN, AND HOW TO BATHE A FEVER PATIENT*

By MINNIE LEE CRAWFORD

Graduate of the City Hospital, Henderson, Ky.

I do not remember who it was that wrote "Cleanliness is indeed next to godliness," but I do know that a nurse in training has a great deal of work in that line to do, and I have often wondered if the doctors really knew what it meant when they said "give the patient a bath."

When I first commenced in the training school I had a very obscure idea of what "the bath" was for; but after three years of work, both in and out of the hospital, I have concluded that baths are given, first, for cleanliness or to remove the dirt and dead epithelium; second, as an antipyretic or to reduce fever; third, to stimulate the function of the skin by reaction, increase the activity of the respiratory and circulatory organs; fourth, as a sedative.

When, one day, I heard one of the attending physicians remark that baths, properly applied, exert a tonic, eliminative, and antipyretic action, and that hydrotherapy played a most important rôle in the management of acute and chronic diseases, I began to realize that to keep my patients clean was not the only object of "the bath."

In brief, I was ordered to bathe my patients to promote cleanliness, to stimulate them, to quiet them, and to reduce temperature. If the patient needed stimulating, often the order was a cold bath. If the patient was very nervous, a warm bath was ordered, and if temperature was running very high, the order was either a hot or a cold bath, according to the nature of the case.

I learned to give the full bath, the half bath, the sponge bath, the spray bath, the sitz bath, the Turkish bath, the Russian bath, the sheet bath, the salt bath, the mustard bath, the hot vapor bath, the cold douche, the hot pack, the wet pack, the cold pack,—these with various modifications,—and the carbonated bath; until I began to think, as one of the attending physicians jocularly remarked one day, in a "hydrotherapeutic circle."

However, as my subject is "Why, When, and How to Bathe a Fever Patient," I will take up only those baths which are most generally used

* This paper received the prize offered by Dr. Cyrus Graham, for the best essay on this subject, the prize being a year's subscription to the AMERICAN JOURNAL OF NURSING.

in fever cases and not explain the different methods of giving baths in other diseases.

The full bath may be taken cold, tepid, or hot. I have been taught to give the cold bath from 50° to 75° F.; tepid, from 75° to 95° F.; warm, from 95° to 104° F.; hot, from 104° to 114° F. However, these rules are not arbitrary, and may be varied according to the condition of the patient.

The full bath is given in a tub full of water, or a sufficient amount to completely immerse the patient when he is lying down. This bath is sometimes used in typhoid fever. To give this bath warm and cold, the patient is put in a tub with water at a temperature of 100° and the water is gradually cooled to 80°, the trunk and extremities being rubbed while he is in the water, or he is stimulated with hot water and whiskey. This bath was ordered in collapse and was to last from ten to thirty minutes.

The manner in which we were ordered to give the celebrated Brand bath in typhoid fever was as follows: "The bath-tub is brought to the side of the bed and the patient lifted into it by two attendants so that the entire body is submerged, the head being supported on a rubber pad. Cold water is poured over the head and face during the immersion, or an ice cap applied to the head, and the entire body, with the exception of the abdomen, briskly rubbed during the entire duration of the bath. We were ordered to begin with water at 68° F., reducing the temperature at subsequent tubbings as low as 59° F. The duration is from ten to twenty minutes, according to the patient's reactive power, and the bath is repeated every three hours, day and night, regardless of sleep, so long as the rectal temperature exceeds 102.2° F. Before and after the bath the patient receives a glass of whiskey or aromatic spirits of ammonia (this is the usual rule). The patient is lifted out of the tub at the end of the bath and wrapped in blankets for half an hour, when the temperature is again taken, to note the effect of the bath."

The cold pack is another method used in persistent high temperature. The patient is enveloped in a sheet wrung out of warm water, and ice is rubbed over the entire covered body, while he lies upon a blanket in a bed protected by a rubber sheet. Hot water bags may be placed at his feet. Our instructions were to use this method only in extreme cases. Cold baths and cold packs should be applied with great caution and good judgment.

In giving the cold tub bath in typhoid fever, when we immersed the entire body (at a temperature of 95° to 70° F.) we were ordered to keep up active friction during the bath in order to bring fresh quantities

of heated blood to the surface. An ice bag should be applied to the head, and a stimulant may be administered before and after, if necessary.

SPONGING IN BED.—Of the many methods used, it is probable that the sponge bath, cold or tepid, is the most used, and one of the safest and most preferable. It is stimulating, tonic, antipyretic, and sedative. It is less apt to excite the nervous patient, and devoid of the danger of collapse, which often presents in the weak.

Preparation of the Bed.—A rubber sheet should be placed under the patient, and over this should be placed a woollen blanket. Some use simply an ordinary domestic sheet over the rubber sheet; but a blanket is to be preferred, because a woollen blanket will not feel damp and soggy like a sheet. Remove all clothing and place a woollen blanket over the patient. When about to commence to sponge a fever patient, we must first note the exact temperature of the body. The room should be heated to a temperature of 80°.

Some physicians have ordered me to first sponge the body with water at a temperature of 80° F. before beginning the use of the cold water, claiming that in this manner we avoid shock.

A basin containing equal parts of alcohol and tepid water, or cold water as desired, or vinegar and water (75° to 95° F.) is then placed on a chair beside the bed. Ammonia, cologne water, or vinegar added to the water makes it more cooling by its rapid evaporation. Also place beside the bed basins, sponges, and towels, or anything that may be required, as under no circumstances should a patient be left alone until the bathing is finished.

Commence at the head and sponge rapidly downward, exposing only one limb at a time. The sponge should be dipped frequently in the basin, and not squeezed too dry, as it is necessary, in order to get the full benefit of the bath, to apply plenty of the solution to the skin. The patient must be well protected by the blanket and only a small portion of the body should be exposed at one time. I deprecate the use of just a single sheet over the body while bathing, and prefer the blanket, because it does away, to a great extent, with the danger of the patient becoming chilled or catching cold.

When the whole body has been sponged, the skin should be dried with a soft towel and the gown replaced; or the patient wrapped in a warm dry blanket and left for thirty minutes, an hour, or even longer. The temperature may then be taken to ascertain how much the fever has been reduced.

A hot water bottle should be kept at the patient's feet during cold sponging, as with the feet warm there is less fear of chill or collapse

from shock. We must never forget that in a fever patient, as in all others, it is often the unexpected that happens, and that the danger of collapse is ever present. Sometimes my orders have been to continue bathing the patient thirty and even fifty minutes in order to reduce the temperature before leaving him. (If the patient is not nervous or excitable, and help is present, instead of sponging the patient so long at a time a full tub bath would be better, and there would be less danger of cold or collapse to the patient.) After cold sponging I have known the temperature to fall from one to four or even five degrees. The colder the water is the sooner the reaction takes place.

Another method of sponging which I have been ordered to use is by wringing towels out of cold water, dry enough not to drip, and placing them one after another, from the neck downward. When the feet have been reached, begin again at the head and renew each in succession, and continue as long as necessary. I have used this method on very nervous patients, with high temperature, and in twenty or thirty minutes the nervousness would be allayed and the temperature reduced.

In continued high temperature I have placed a sheet wrung out in cold water, starting at 100° F. and reducing to 80° or 70°, by placing the sheet around the body from the armpits to the pelvis, under a blanket, and keeping it there for fifteen or twenty minutes, with splendid results.

I have found the hot sheet wet pack, as described by Piernitz, very effective in many typhoid fever cases, especially in nervous, intractable children.

A warm mustard bath at 80°, 100°, or 105° F. is also well borne by nervous and peevish children, and is an excellent means of starting or favoring the elimination of toxic material. This bath is used mostly with children, and is best prepared by placing an ounce of mustard in a muslin bag and throwing it into the bath. This bath will dilate the superficial capillaries, produce a sense of warmth, allay nervousness and insomnia, and also reduce the temperature.

I have found that when I have been called to nurse a patient, several miles in the country, away from the conveniences of the hospital and cut off from communication with the attending physician, many emergencies arise that were undreamed of, and which try all the skill, nerve, and knowledge that a nurse can summon to her aid. Then it is that I learn the value of hospital training and hospital work.

“OUT OF THE WORLD”

By M. ELLEN KERSHAW

Graduate of St. Luke's Hospital, Chicago

It is indeed pleasant to be remembered when one has been out of the world for so many months. Out of the world? you might ask. Why? Are you not in that great northwest where fruit grows, with irrigation, so large that but one apple is needed to make a pie, one turnip suffices for a family, and potatoes weigh three pounds each? where oats, clover, and alfalfa are cut three times a year, yielding large crops at each cutting?

Yes, in various parts these things are all true. Yet, ninety-five miles from a railroad! Not a two hours' ride in a private conveyance, but forty miles by coach and four, and forty-five miles by automobile, taking, the shortest time, twelve hours; and when the “auto” breaks—some hours more for repairs.

Would you care to take the trip with me?

Come, don your heaviest winter clothes, not your medium weight, and we will start at seven in the morning.

Over a vast plateau we go, enormous sheep ranches, said by some to be the largest in the world, to us seeming to be boundless desert. But as we keep on the lookout for something of interest, we see Mount Hood appear on the horizon. Ah, it disappears as we begin the descent into “Cow Canyon.” Down, down we go,—surely we will tip over for the winding road is narrow. Is it possible to make that turn? are we to go into that rock? No, the coachman, slow though his horses are, so is he sure. To the very bottom we wend our way, then through the canyon.

As we near Madras, ranches are seen where wheat is easily grown, for large fields spread on either side. At this little town we dine at one-thirty, then take the automobile and go on our way rejoicing. The country around us is covered sparsely with sage brush and juniper trees, the latter of which, by the way, began to grow some two thousand years ago, we are told.

The lava dust is thick and on our right see the vast pile of lava rock, layer on layer. “Where does that come from?” you ask. It is the supposition of a friend, a student of geology, that this entire region was at one time covered with hot springs, for white ashes or “cinder”



AN OREGON COACH AND FOUR ON A JUNE DAY. OBSERVE
OVERCOAT ON DRIVER.



LAVA ROCK.

are still found, resembling that in the Yellowstone; and the Cascade Mountains are some of them extinct volcanoes. Mount Hood is the one which was last in action.

What a wonderful panorama we see—Hood, Jefferson, Washington, Three-fingered Jack, The Sisters, Broken Top, and Snow Butte, all beautiful snow capped mountains of the Cascade Range.

Large canals are now seen and green fields spread this way and that,—oases in the desert. We cross a tiny bridge and at last reach our destination,—Bend,—the beautiful little village situated on the bank of the Deschutes River. This tiny berg contains some 700 people, from the north, south, and east, congregated here to try to win fortune or wait for the railroad!

You ask, what of the nursing in this vast wilderness? The field is an open one, for but three graduates have wandered this way. As one might suppose, "experienced or practical nurses" are the ones sought for most, as the people have not yet been educated up to the point of desiring the graduates. A member of a family or a friend often cares for the patient. In one instance, an obstetrical case, the woman began to have pains and the physician was making a call some sixty miles away. He was located by "Central" at Bend and he instructed (by telephone) the friend what to do at that stage, jumped into his buggy and his horses fairly flew. Some ten miles further on he found another telephone and inquired as to conditions, found how the case was progressing and gave instructions. On the horses flew, until another telephone was found, same inquiry was made and instructions given. On he went, inquiring and giving instructions when the opportunity afforded, until before he reached the house the patient was delivered of a ten-pound boy; and, strange to relate, a good recovery was made, without a complication! Now the physician tells with great pleasure, how he conducted an obstetrical case by telephone.

As this is a new country, the ranch houses resemble the shacks of the working classes in our cities, may have one to four rooms, may be papered with lining paper or newspapers, with here and there a picture cut from a magazine.

In a little house at the foot of the Sisters Mountains, twenty-two miles from Bend, a tiny three-months-old baby had malnutrition. The physician wished to place it under the care of a nurse and finally succeeded because he needed her to assist him with perineorrhaphy, as the mother needed the operation. The dwelling consisted of four rooms, one of which was used for both dining and living room. This was used for the operating room and prepared by the nurse the day before. Of course,

she sterilized all things necessary so recovery was almost a foregone conclusion, especially since there are *no germs* in the country. This is a saying of the wise.

But the poor little boy? What could be done for him? Common sense, regular feeding, exact following of the physician's orders, and fresh air were all that were needed to make a wonderful difference in the little chap in two weeks.

What do you think was suggested to the inexperienced young mother by her neighbors and friends? Every kind of prepared food, of course, was tried by her a few days; burnt cracker added to gruel almost caused his death, poor boy. An ice pack, because *after* feeding the abdomen was enlarged and he was said to be mortifying. Fortunately the man's better judgment sent him to the telephone to consult the doctor, who assured him it would kill the child. Not satisfied with a close room, a hot fire was kept burning, though the child was clothed in flannel and the time of year was summer.

One can plainly see what an advantage a small hospital would be to a physician, since he must travel many miles to a patient. Not long since a nurse went to the Bend physician and said she would like to move there for the winter. Her work in obstetrics was satisfactory, so he rented a six-room house and called it a hospital. In about a week she brought her family to town, a family of five, to live with her.

A patient arrived for an operation and the nurse showed at once that her training in that branch had been sadly neglected.

In a month she found her family needed occupation, so she asked the doctor to rent the barn also so she might keep a cow and some chickens! A real hospital will be started in this part of Oregon in the near future, with a graduate nurse of general training at the head.

One of the greatest difficulties one finds is the length of time it takes to reach a patient, for, as we have said before, we are in a country of magnificent distances. If one receives a call, it may take two or three days before she can reach the patient and if the person is in a critical condition when the nurse receives the telephone message the result may be anything but gratifying.

People in this wilderness, the pioneers, do anything that comes to hand. In a neighboring town, a drive of only thirty-five miles reached by stage or private conveyance, the undertaker is furniture dealer, plumber, mattress manufacturer, and hardware merchant, so one can easily see that the services of a nurse at the time of death must be doubly gratifying to the family.

A unique custom in that town is that invitations are printed for

the funeral, on sheets of paper about four by seven inches and placed on the counters of the different stores in town. Then, on the day of the burial, each friend gathers all the flowers of her garden, makes her own floral design, and places it near the dear one who has passed away. The casket is imbedded in flowers. Where did all those flowers come from? one wonders. There are no florists for hundreds of miles and the wind blows ice cold over the plain and through the village, right from the snow covered mountains!

Have I been able to give you a slight idea of our field of nursing in this wilderness, where bears pass one's door, coyotes howl, wild swans fly overhead, wild ducks and geese may be had for—only the shooting of them? As I sit in my easy chair, by my little stove in my little log cabin 115 miles from a railroad (for I am twenty miles south of Bend) the coyotes are giving their nightly serenade across the river and my pretty dog Ring pricks up his ears and barks.

FOOD FOR THE SICK

By ROSAMOND LAMPMAN, R.N.

Graduate of the Brooklyn Homœopathic Hospital

It does not come within the scope of this article to enter into detail regarding the different food classes, their chemical elements, uses and value in individual cases, but to offer a few simple suggestions and methods of preparing and serving food best adapted to general cases, especially where fever is present, and in convalescence.

Whether it is in the hospital or in the home, sufficient attention cannot be paid to the food given to a patient. Poorly cooked food is frequently a cause of indigestion in health, therefore it must on no account be allowed to enter the sick room, for one has there to consider the enfeebled condition of the invalid's digestive powers, how little it takes to disturb them, and how necessary it is to save them as much labor as possible. If plain, simple cooking should be the precept in health, how much more should it be applied to the invalid's dietary; it cannot be too simple, nor can it be too daintily served.

In nearly all diseases, especially where there is much fever, there should be sufficient nourishment to save tissue waste, which is so rapidly going on, but this must be given in a liquid or semi-liquid form so that it will not overtax the already weakened digestive organs. The liberal

use of pure water, or some beverage composed principally of water, is also necessary, not only to relieve thirst, but on account of its diluent effect and to assist in eliminating the waste matter produced by this increased tissue-change. An acid beverage, such as lemonade or orangeade, constitutes the most refreshing of drinks in these cases, while barley water, rice water, and the old fashioned crust tea, with just a little lemon juice and sugar, offer a variety of drinks to the fever patient; if a larger amount of nutrient is required, these beverages may be combined with the white of egg.

Milk has the advantage of supplying the system with water and at the same time provides nourishment, as it contains all the elements necessary to sustain life during a long period of illness, and is, when perfectly clean, pure, and fresh, an ideal diet in most fever cases; that is if the patient is fond of it, and it can be readily digested and absorbed. Unfortunately there are persons who cannot take milk plain, and fail completely in digesting it. There are, however, several methods which may be used that will overcome this difficulty almost entirely. It may be given diluted with plain water or lime water, often vichy or seltzer will have the desired effect in preventing the tough curds from forming.

Since milk is more a food than a beverage it should always be taken very slowly and thoroughly blended with the saliva of the mouth before swallowing, or sipped by spoonfuls, small quantities at a time, at regular intervals.

The other important articles of diet in liquid form are the numerous meat extracts, juice, broths, etc.; these preparations should always be made from tender veal, mutton, chicken, or beef; these may be made more nutritious when they contain some farinaceous substance, as browned flour, powdered crackers, or bread which has first been toasted very dry, or a little barley or rice thoroughly cooked with the meat. Gruels made from barley, arrowroot, or rice are also very useful when carefully prepared. In cases where a large amount of meat broths cannot be taken, as in some cases of typhoid fever, meat jellies or beef juice are given in place of the meat broths, or they may be used in alternation with the fluids, thus giving the invalid a slight change from the monotony of a liquid diet.

During convalescence the regulation of the diet is still important, especially if the invalid is recovering from a serious attack of typhoid, as the condition of the bowel often demands the greatest of care, that the freshly healed surfaces be not injured by any hard, indigestible food; for serious results are likely to follow the slightest negligence in this respect.

The first step may be to increase the thickness of the broths or soups with fine bread or cracker crumbs, next junkets, gelatine jellies, water or milk toast, lightly cooked farinaceous puddings, custards, and creams. Slightly cooked eggs are also allowed, and finely pounded or scraped raw or very rare beef or mutton; this may be served quite daintily in the form of tiny sandwiches by placing the meat between thin squares of whole wheat bread. Oysters also form a pleasant variety of food for the convalescent before solid animal food can be digested. Fruits, such as sweet oranges and grapes, may be allowed, providing the skins and seeds are removed. Gradually other articles may be added to the dietary, as well-cooked breakfast foods, tender broiled beefsteak, or mutton chop and a well-cooked potato, creamed vegetable soups, crisp lettuce, baked apples, stewed prunes, or any of the subacid fruits, until the ordinary habit of diet has been resumed.

It is always important to have all food served to a patient as tempting as possible, and the linen, glass, and china ought to be the prettiest in the house, although the arrangement of the tray should be very simple. The Japanned trays, which come in all sizes, are the ones most commonly used, and they should be covered smoothly with an absolutely clean napkin or tray cloth. A bright, fresh flower or a few green leaves placed beside the plate or in a slender glass vase is a simple but attractive decoration, which seldom fails to please.

Beef Juice.—Take one pound of round beefsteak, and chop into very fine pieces; place in a covered fruit can with one cup of cold water. Let it stand in a cool place over night, or from eight to ten hours. Then strain through a cheese-cloth; season with a little salt and serve either warm or chilled. When reheating beef juice place the cup containing it into a basin of hot water, and stir constantly until warm. Care must be taken not to heat too much, as the albumin will coagulate and the juice will be unfit for use.

Mutton Broth.—Mince one pound of mutton, freed from fat, put into one quart of cold water, and let it stand in a jar on ice or in a very cold place three hours. Then cook two hours over a slow fire. Strain, cool, skim off the fat, season, and serve hot.

Chicken Tea.—This is best made from an old fowl. Wash and clean thoroughly, dissect the joints, and chop all into small pieces, crushing the bones; put into a saucepan; to one large fowl add three pints of cold water, one teaspoon of salt, and one teaspoon of rice; let it simmer slowly for three hours or until the quantity is reduced to one quart. Strain, cool, and remove all particles of fat.

Veal Broth.—Cut one pound of veal into dice; to this put one quart

of cold water, and let it simmer for three hours. Strain, cool, and skim. Reheat and serve.

Chicken Jelly.—Prepare the chicken as for chicken broth, remove all fat. Add cold water in proportion of one pint of water to each pound of chicken. Heat the water slowly at first, and then allow it to simmer until the meat falls from the bones, or until reduced to one-half the quantity. Strain and remove the fat; then clear with an egg, season with salt, pepper, and a little lemon juice. Turn into moulds and chill.

Calf's-foot Jelly.—Take two calf's feet, split them, and wash thoroughly. Add one quart of cold water and simmer four hours. Strain, and when cold remove the fat. Put into a saucepan with one cup of sugar, the juice of three lemons, and a small piece of stick cinnamon (bruised); when the sugar is dissolved, add the whites of two eggs well beaten with three tablespoons of water. Stir until it reaches the boiling point, then add one wine glass of sherry wine, and allow it to simmer gently fifteen minutes longer. Strain through a jelly-bag three times. Pour into moulds and chill.

Nutritious Beef Tea.—To one pint of strong beef tea add two tablespoons of well-cooked oatmeal, stirred smooth with two tablespoons of cold water. Boil together for six minutes, stirring constantly. Strain through a wire sieve, and serve hot.

Oyster Broth.—Take one cup of chicken broth and add one-half cup of oysters, bring to the boiling point, season with salt, and serve at once. This may be given to those who object to milk broths.

Clam Broth.—Wash and scrub one dozen clams and put in a kettle with one-half cup of cold water. Cook until the shells open. Take them out, remove from the shells; cut off the soft parts and chop very fine. Add one cup of milk to the juice. Melt one teaspoon of butter and to it add one teaspoon of flour, pour on gradually the hot liquor. Cook five minutes; season with a speck of salt and white pepper, add the soft parts of clams, and serve at once.

Barley Gruel.—Heat one pint of milk in a double boiler. Blend one tablespoon of barley flour in a little cold water until smooth, and stir into the scalded milk; cook two hours. Season with salt, strain, and serve hot. Sugar and a little cinnamon may be added if desired.

Rice Gruel.—Blend one tablespoon of rice flour with a little cold water until smooth, and add gradually to one quart of boiling salted water. Cook in a double boiler until it is transparent. Strain and sweeten to taste. If too thick it may be diluted with a little hot milk or cream.

Arrowroot Gruel.—Heat one cup of milk in the double boiler. Blend

one tablespoon of arrowroot in a little cold milk, and add slowly to the boiling milk. Cook twenty minutes, add salt, strain, and serve immediately.

Barley Water.—Put one ounce of pearl barley in a saucepan with one quart of cold water, and bring slowly to a boil; cook for two hours. Strain and cool. Do not flavor or sweeten until just before serving.

Rice Water.—Wash three ounces of rice in several changes of water, then put into a saucepan with one quart of boiling water and one ounce of raisins; boil gently for an hour. Season with a little salt, or it may be sweetened. Strain and serve cold.

Crust Tea.—Boil one quart of water, and pour it over two slices of very brown toast. Let it steep for half an hour. Strain, season with a little salt and serve hot or cold. If preferred a little sugar and cream may be added, and the salt omitted.

Orange Flip.—Beat one egg very light, add one teaspoon of sugar, one-fourth glass of orange juice, and one tablespoon of brandy. Blend thoroughly and pour into a glass; fill with cracked ice and ice water, stir well and serve at once.

Lemonade or Orangeade.—These beverages are best when made with boiling water, then strain and set on ice to cool.

Albuminized Wine.—Beat the white of one egg to a froth, add slowly one tablespoon of wine, a little cracked ice, and one teaspoon of sugar. Blend well and serve at once.

Albuminized Clam Water.—To one cup of cold water add enough clear clam juice to make it the required strength; to this add the unbeaten white of egg. Blend thoroughly in a covered glass or milk shake. Set on ice until cold, shake again, and serve.

Albuminized Grape Juice with Milk.—Beat the white of one egg to a froth, add one tablespoon of sugar, one-half cup of milk, and four tablespoons of unfermented grape juice. Blend well and serve very cold.

Milk Lemonade.—To one pint of boiling water add two tablespoons of sugar, one tablespoon of sherry wine, and one tablespoon of lemon juice. Boil three minutes, then remove from the fire and add one cup of cold milk. Strain and set on ice to cool.

Tamarind Water.—Boil four ounces of tamarinds and three ounces of raisins in two and one-half quarts of water slowly for twenty minutes; then strain and set on ice to cool. This is a very refreshing drink in fevers.

Milk, Egg, and Brandy.—Scald one cup of milk but do not let it boil, then set on ice to cool. Beat one egg very light, add one teaspoon

of sugar, and one dessert-spoonful of brandy, then add the scalded milk. Serve very cold.

Frothed Egg.—Break one egg with care, that the yolk may be kept whole, and place this to one side. Beat the white until stiff and dry, add a sprinkle of salt and heap in a small dish or on a round of toast; make a little dent with the back of the spoon in the top of the mound, and drop in a small piece of butter and the yolk. Dust over the top with a little salt and pepper, and place in the oven for a few minutes or until the egg sets.

Scrambled Eggs.—Beat two eggs, one saltspoon of salt, and a speck of white pepper until the eggs are frothy; add four tablespoons of sweet cream, and turn the mixture into a double boiler. Cook until the albumin of the eggs is just coagulated, stirring all the time. Serve on squares of toast.

Soft Boiled Eggs.—Put the eggs in a saucepan of boiling water; place on the back of the range, or where the water will keep hot without boiling, for ten minutes.

Wine Junket.—Dissolve two tablespoons of sugar in three tablespoons of sherry wine, and one tablespoon of lemon juice. Heat one pint of sweet milk until luke warm. Remove from the fire and add the wine and sugar. Dissolve three-fourths of a junket tablet in one tablespoon of cold water and stir quickly into the mixture. Pour into sherbet glasses, and set in a warm place until firm. Then place on ice until cold. Serve plain or with a little whipped cream.

Wine Junket Ice Cream.—Prepare in the same manner as for wine junket, and freeze in an individual freezer or by placing a small pail into a basin of chopped ice and salt. When partly frozen add one cup of whipped cream, sweetened with one tablespoon of sugar.

Irish Moss Jelly.—Pick over and wash one-fourth cup of moss, let it soak in two cups of milk one hour. Cook in a double boiler until the milk steams. Add a speck of salt and sugar to suit the taste. Strain into moulds and chill. Serve with cream.

Bread Jelly.—Take three slices of bread, remove the crust and toast them a delicate brown. Put the toast into a saucepan with two pints of cold water and let it simmer for two hours. Strain through a jelly-bag. Sweeten and flavor with a little lemon juice or wine. Pour into moulds and chill.

Plain Custard.—Heat one cup of milk in a double boiler. Beat the yolks of two eggs until frothy, add to them two tablespoons of sugar and a speck of salt. Pour the hot milk over the mixture, stirring constantly. Cook until the mixture thickens, stirring all the time while

it is cooking. Strain, cool, and flavor. Beat the whites of the eggs until stiff, and fold into the custard. Chill and serve. For a soft custard omit the whites of eggs.

Lemon Cream.—Soften one teaspoon of gelatine in a little cold water, and stand over boiling water until completely dissolved, then add one-half cup of sugar dissolved in one-half cup of lemon juice. Set on ice or in a pan of ice water and stir until the mixture begins to thicken. Whip one cup of cream until stiff and fold into the first mixture. Turn into moulds and chill.

WHAT TO SEE AND HEAR IN NEW YORK

By MARY E. THORNTON, R.N.

(Continued from page 259)

THE Metropolitan Museum, which every New Yorker "hopes to be able, some day, to visit," and where may be found expression of nearly every form of art, may be made to serve as a never-ending source of pleasure. It is not uncommon to meet some one who has "done" it in a day—of course she never goes back.

The Chairman of the Art League of the Public Education Association has under way the formulations of plans for a systematic study of the museum; a brisk walk with just a short visit to the entrance hall will give one more than she could get in any other way—wonderful tapestries illustrating scenes from the lives of Antony and Cleopatra; Macmonnies' exquisitely modelled "Bachante"; Roden's "Primitive Man," his "Le Penseur," his "Hand of God"; Borglum's "Mares of Diomedes"; Barnard's "Struggle of Two Natures," the replica of Houdon's "Washington." For a longer visit, the centre hall will discover the model of the Notre Dame in exact fac-simile; a model of the Parthenon, one of the Pantheon and one of the Acropolis, pulpits from Santa Croce, and the Sienna Cathedral.

In pictures, Rembrandts, Vermeurs, Hals, Maures, Corots, Monets, Le Pages will minister to many moods.

The Bosco Reale frescoes and the Pompeian bed chamber; the collection of ceramics including the exquisite Chinese porcelain; the examples of Jacobean Chippendale, Sheraton and Heppelwhite; the room of glass (a reproduction of the *galeries des glaces* at Versailles, and containing the jade collection should be visited only at night), and the library with its thousands of volumes, are all free to the public every day except Monday and Friday; on Saturdays from 10 A.M. to 10 P.M.

The Appellate Court House has many fine examples of sculpture and painting.

The New York Historical Society, in its new building in Central Park West, has a large and valuable collection of paintings and is the place par excellence to study the history of the United States.

The Museum of Natural History affords wonderful opportunities for the study of the gnat or the dinosaur—the study of entomology is made specially delightful, light-proof cabinets arranged against the wall, reference books, and instruments being provided, as well as lockers where material may be kept. This study and that of birds would make interesting many a so-looked-upon lonely exile on a case in the country, for the material is always at hand. In the Foyer of the museum the planetarium has the path of Halley's comet indicated daily.

The Aquarium in old Castle Garden, with its many specimens, is quite as interesting historically, and exteriorly because of its effective setting, as it is interiorly.

The Immigration Station on Ellis Island, a door through which on one day last year 5200 immigrants came into the United States, its hospital arrangements, and the quarantine stations are well worth visiting, as is Sailors' Snug Harbor, an institution unique in that it can never spend all its money.

Frauncis Tavern, Van Cortland Manor House, and Jumel Mansion are well worth visiting. Van Cortland and Jumel are open daily, and afford a good opportunity to study the furnishings and life of their period. Bronx Park affords much that is interesting in zoölogy and ornithology, as well as in its botanical gardens, with the rare orchids and palms. The Central Park conservatories, justly famed for the chrysanthemums, have, too, many beautiful roses and orchids as well as rare palms.

Quite the most marvellous thing in the way of buildings is the Hudson Terminal; its height above is imposing enough, but down in a pit ninety-five feet below the level of the street one finds a railway station whence trains may be taken to almost any place, shops where almost any necessary purchase may be made, including marketing and having the viands cooked and ready for the commuter at any designated time. Some idea of the number of people estimated to enter this station may be made from the fact that the bootblack privilege is leased for \$11,000 per year.

For the professional side, New York abounds in opportunities for keeping in touch with one's work. In the Academy of Medicine one may find posted the operations to be performed in the various hospitals. To

be present at any one of those is only a matter of asking permission. At the Roosevelt Hospital, every Saturday afternoon, about three operations are performed, the histories given, and every step explained. There is afforded an excellent opportunity to study surgical technic. Nurses are always welcome. At the Academy of Medicine the Harvey lectures given at 8.30 on Saturday evenings until May are most interesting.

The Playground Association of New York has arranged a play course for adults; the course is designed to give practical points to workers with children in clubs, playgrounds, etc.

There have been started through the Political Equality League of Self-supporting Women some classes in Good Government, the subjects, parks, amusements, tenement house department, health and street cleaning, ought to appeal to nurses.

Conferences are held under the auspices of the Charity Organization Society on the third Tuesday of each month until May 1 in the United Charities Building. Nurses are invited to be present at these conferences, which are convened at 11 A.M. and the topics for consideration are always those in which nurses are or should be interested.

At the School of Philanthropy, February will commence the second semester of the evening course for those engaged in social work. At the Museum of History on Saturday evenings during February a course of lectures on foods is to be given.

NURSING IN MISSION STATIONS



(This department has a two-fold purpose,—to keep nurses in this country in touch with the work of missionary nurses, and to put missionary nurses in touch with each other, for an interchange of ideas, questions, and suggestions. All nurses engaged in mission work, of every creed and country, are invited to contribute to its columns.)

THE STUDENT VOLUNTEER CONVENTION

THE convention of Student Volunteers for Foreign Missions, which is held once in four years, has just closed a five days' session in Rochester. Three thousand six hundred delegates were in attendance and some of the best speakers of the country addressed the meetings. "The evangelization of the world in this generation" is the aim of these young people, many of whom are finishing courses of preparation for missionary work. From the few sessions we were able to attend, some facts were gathered which may be helpful to those nurses who are thinking of taking up missionary nursing.

At one session, the question of qualification for missionary candidates was considered, and these were given as important: first, the spiritual qualification; next, the candidate must be well equipped in his own line of work. He must have a high standard of personal health, and must have a full mental equipment, in order to cope with the new intellectual problems of eastern lands. He must have the high moral qualifications which include purity of life, and also social qualifications which give the ability to live in close relationship with uncongenial people, not only natives, but fellow missionaries. He should be large enough to sink his own personality in the interest of the work. His (or her) age should preferably be under thirty, as it is difficult to learn a new language after that time.

In one of the Presbyterian sectional conferences, Dr. Stanley White said, in answer to a question, that three or four trained nurses are needed by his board, and that support is ready for one. Mrs. Coy, of the Woman's Board of the Northwest, said that the greatest number of appeals coming to that board is for women physicians and nurses, that in some cases hospitals are built and their equipment ready, but the workers cannot be found.

In a sectional meeting on China, in which all denominations having

missions there joined, Dr. Tooker gave a clear idea of China's limitations in the matter of native medical help. It is behind the rest of the world in medical science. There are no native Chinese hospitals, for hospitals are a result of Christian civilization, and if there were any, there would be no Chinese doctors ready to man them. There are no insane hospitals, no quarantine regulations, no efforts are made to control an epidemic of plague or cholera. Smallpox patients are not isolated. There is no knowledge of hygiene, no effort to prevent or cure tuberculosis, no knowledge of dentistry. The knowledge of medicine is inadequate to modern needs, such treatments as are given by native doctors are either inert or harmful. They are still using such remedies as tigers' teeth, or deer's horn, ground fine; green worms or centipedes bring high prices for chemical compounds. The native doctors cannot perform surgical operations because they do not know how to control hemorrhage. A native doctor who caused a hemorrhage by opening a boil was carried off to jail, while the patient was left bleeding. There is no knowledge of anæsthetics.

The doctors of the future must be educated in Christian schools or they will be agnostics with low standards of personal morality.

Miss Osborne, a missionary at home on furlough, told how large a territory in the region where she is at work is without medical care,—500,000 people without a physician. On the streets of her city it is common for one to meet a man carrying across his shoulders a pole, from one end of which is slung a basket, from the other a stone. He stops and offers to sell you the contents of the basket for twenty cents, gold. He lifts the cover and reveals the form of a baby girl. If you refuse to buy, the basket and stone will be cast out together.

Mrs. Labaree, a missionary from Persia, said that in her station new missionaries were classed by the women as the smiling-faced and the heavy-faced.

One impression we received from the conference as a whole was that nurses are not yet recognized as a strong factor in mission work, but that the demand for them is rapidly increasing; and that nurses are not yet responding well even to the few calls that come for them. Of the thousands of students in attendance on the convention, from all sorts of schools, colleges, and clubs, we heard of only one nurse being present, though there may have been more.

The indifference of nurses in general to foreign mission work is largely due to lack of education. Most nurses go from the high schools or grammar schools to their hospital training, missing the college courses where the students are well informed on all kinds of missionary work

through speakers from the outside who are constantly called upon to address them. It would be well if such speakers were invited to address student nurses at least once during their course, so that they would be intelligent on the subject and could decide better when a call arises for missionary nurses whether it is work for which they are fitted and to which they would be glad to give themselves. K. DEW.

The China Medical Journal, published by the Medical Missionary Association of China, which comes regularly to our desk and which is one of the most interesting medical journals we receive, reports that the University Hospital of Canton has secured two foreign-trained doctors and a nurse. The hospital building and permanent residences are soon to be built. The nurse is Mary C. Soles, graduate of the Pennsylvania Hospital Training School.

A fresh appeal is made in this magazine by Cora E. Simpson of Foochow for a closer union of missionary nurses in China. She says, in part:

"I, for one, feel the need of coming in contact with the other nurses of China. In the past the nurses have many of them been engaged in other lines of work, but now as in many places, plans are being made to open nurses' training schools; is not the time ripe for us to have a more united work? In the home lands we feel our state and national conventions are great sources of help and inspiration. Perhaps here we would not be able to meet so often on account of the long distances, expense of travelling, and being unable to leave our work for any length of time, but I wonder if we, the nurses of China, could not plan to meet at Hankow next China New Year time, when the physicians have their meeting, and talk over our work together. I know there are nurses' training schools in Peking and Nanking. I would like to meet the ladies who have them in charge, and hear of the work already accomplished and of the plans for the future. If we could plan to meet at the same time and place as the physicians, we would have the opportunity of meeting them and the inspiration of their meetings and presence, and of gaining valuable information from their years of experience and work in China. After such a meeting we certainly would go back to our work with fresh courage, new ideas, and a deeper feeling of helpful fellowship than we ever had before. Dr. Hatfield and I, from our Mission, expect to go. I would like to meet many more of China's missionary nurses there. Let us hear what the other nurses think about it. Can't you plan to go?

"The nurses of South China were the guests of the Fuhkien Med-

ical Association at Kuliang this summer, and greatly enjoyed the papers and discussions. Later in the season, the nurses met one afternoon at Rest Cottage and spent a pleasant and profitable time together. We have chosen Friday of each week as our day of prayer, because on this day the great Physician suffered for us all. We want it to be a special day for prayer for physicians, nurses, hospitals, and all medical work in China. We hope to have more meetings next summer."

RELAPSE IN SCARLET FEVER.—The *Medical Record*, quoting from the *British Medical Journal*, says: J. W. Fox comments on certain conditions which may be mistaken for scarlet fever. One is measles and particularly German measles, in which the error reveals itself in about eighteen days after admission to hospital. Another condition is one produced by food poisoning. Here we have a scarlet rash followed by some fever and a sore throat, but this is never followed by the regular complications of the true fever and the desquamation, if any, is different. It often arises in several members of the same family at the same time. Some of the cases find their way into hospital wards and contract the true disease. A third form is the following: A patient is admitted with true scarlet fever, which runs a typical course. Yet sometimes after the nephritis the rash reappears, the patient is again acutely ill, the tongue repeals and he seems in every way to have another attack of the disease. Nephritis never redevelops. Are these true relapses; are we dealing with two distinct diseases; are the symptoms of the relapse nephritic or are they due to a pyogenic dermatitis? Sometimes the nephritis is wanting in the primary attack, but appears in the secondary. The author has never met a practitioner who remembers having seen a relapse of any other exanthem. He gives no answer to his own inquiries.

FOREIGN DEPARTMENT



IN CHARGE OF

LAVINIA L. DOCK, R.N.

A LONDON COUNTY COUNCIL OPEN-AIR SCHOOL

WHILE in London last summer I was enabled through the kindness of Miss Pearse, head of the London public school nurses, to visit one of the open-air schools which the London County Council maintains for delicate children as a regular part of the public school system. These schools are situated in different regions of the city, so as to be accessible to the children within certain areas. We travelled far to get to the one shown in the illustration, though still within city limits, and found a fine old mansion once used as a private dwelling now arranged for its present purpose. It was rented by the school authorities, and as it is spacious and roomy, with large, ample gardens, it made an excellent open-air school. In the gardens there had been put up the open pavilion on the plan of the German *Liegehalle*, with three sides of frame and the other open like a porch. Here the children recited and studied in pleasant weather. When it rained hard or was too damp, they retired to the large airy rooms in the house, where open-air conditions were available with open windows and fires. Regular school hours were not kept, but the children came earlier than to ordinary school, and stayed until six o'clock. A trained nurse was in charge of the general hygiene of the children, under the supervision of Miss Pearse and the physician. Teachers, of course, were there for class-work. The nurse saw to the children's baths, given under the physician's directions, as were also their exercises and games, as well as study work. She watched the heart cases to see that they did not overdo, weighed the children, took measurements, and kept records of various kinds. She was responsible for their diet, which was prepared in the house by competent assistants. As the children were there all day, they had regular meals, with such extra diet as was ordered by the physician. All sorts and varieties of delicate children are collected into the open-air schools: heart cases, anæmic, under-nourished, nervous, debilitated children, and those inclined to chronic ailments. It was a delightful place, the children ideally cared for, and such an inspiring atmosphere of enthusiasm and belief in child-culture radiated from teachers, nurse, and housekeeper. Miss



REST HOUR IN AN OPEN-AIR SCHOOL.

Pearse herself is a splendid woman to be at the head of a public school staff. Her ideals are large and fine, as she sees in each little waif a future citizen of a great state.

THE NEW SCHOOL FOR NURSES IN ROME

THE nurse who is to have the very interesting and rare privilege of organizing the new school for nurses in Italy, at the beautiful *Policlinico* in Rome, is Miss Dorothy Snell, an English nurse admirably adapted by personality and experience, knowledge of language, and the general *savoir-faire* needed in the beginnings of things, for her important post. She has been for some years matron of a military hospital, and held a post as army Sister during the South African War. Miss Snell will go to Rome on the first of March, and the staff of head nurses will be installed about the middle of the month. They will begin their work in Professor Bastianelli's pavilion of seventy-two beds and operating rooms. Our warmest congratulations and best wishes are extended to them all. The task they are undertaking is so much more important and interesting than discovering the North Pole or flying across the channel, that we cannot understand why all the papers are not full of it instead of those prosaic every-day concerns! The nuns remain in administrative and household economic positions, and as they are past masters of skill in those posts the new régime at the *Policlinico* ought to be entirely successful. Nurses wishing to inquire should write to Miss Snell, the matron; addresses in English, Polyclinic Hospital, Rome, Italy, will do. It will be, however, useless to apply without a *good* knowledge of Italian.

SISTER GERDA'S DIARY

Too little time, or not knowing how to catch up with it, has so tricked us that we have not sooner given notice to a book written by a German private duty nurse, called *Dornenpfade der Barmherzigkeit aus Schwester Gerda's Tagebuch*. The book is edited and brought out by Sister Henriette Arendt, and has a preface by Sister Agnes Karll, than whom none knows better the mental and spiritual as well as the material needs of all nurses. It is a singularly candid and artless piece of realism, full of sordid and painful details, as realism always is. Perhaps no more piercing evidence of the need of an ideal in all and any work having to do with human beings could be found, and there is no doubt that, of all the branches of nursing, private duty is the one in which the ideal is most easily lost or obscured. We say "most easily," giving all recognition to those who maintain noble standards under circumstances of such difficulty.

The foreword by Sister Agnes is an impressive warning and message of wide social import, the serious voice of authority coming from the deep-natured, high-minded woman, pointing out the weak and wrong features in an age when human values are slowly coming to tip the scales against materialism.

AN INTERNATIONAL VICE-PRESIDENT FOR JAPAN

THE International Council of Nurses is honored by the consent of Japan to give an honorary vice-president to the Council. Miss Take Hagiwara, the fraternal delegate of last summer's congress, has accepted the position with the friendly assent of Prince Matsukata, president of the Red Cross Society of Japan. Miss Hagiwara's many friends in the Council are delighted and gratified.

ITEMS

WE warmly congratulate the nurses of India on the growth of their association work and prospects of a magazine, as shown by the following notes sent by Miss Thorpe:

The annual conference of the Association of Nursing Superintendents of India was held in Agra on December 8 and 9. The sessions were held at the residence of Rev. J. P. Haythornthwaite, principal of St. John's College. Mrs. Haythornthwaite had kindly offered to arrange for the entertainment of the delegates, and the success of the conference is largely due to her untiring efforts and generous hospitality.

The first session was opened by Rev. Theodore Wynkoop, of Allahabad. In the absence of the president the opening address was made by the vice-president, followed by the report of the secretary and treasurer.

The following officers were elected for the ensuing year: president, Miss Tippetts, Mayo Hospital, Lahore; vice-president, Miss Creighton, Jaunpur, U. P.; secretary and treasurer, Miss Thorpe, Belgaum, Bombay Presidency. Miss Tindall, Cama and Allbless Hospitals, Bombay, was appointed a member of the Executive Committee. Ten new members have joined the association during the year.

The following papers were read and discussed: "Provincial Training Schools in India," Miss Martin, St. Catherine's Hospital, Cawnpore; "Some Advantages of Joining the Trained Nurses' Association of India," Miss Mill, St. George's Hospital, Bombay; "Three Years' Training," Miss Tindall, Cama and Allbless Hospitals, Bombay; "Private Nursing and Nurses in India," Mrs. Davies, chief lady superintendent, Lady Minto's Indian Nursing Association, Simla; "How are We to Find a Better Class of Indian Girls for Training; and Is it Wise to Raise

the Standard?" Miss Creighton, Jaunpur, U. P., Miss Ferguson, Palwal, S. Punjab.

A provisional constitution and by-laws were drawn up for the Trained Nurses' Association of India, and arrangements were made to publish a monthly journal as the organ of the two associations.

The first number of the journal will consist chiefly of the reports of the conference, and will, it is hoped, be ready by February 1, 1910. The magazine will be edited by Mrs. W. H. Klosz, Akola, Berar, and Miss Thorpe, Belgaum, will be its manager.

VARIOUS inquiries are at hand regarding work in foreign hospitals that is open to American nurses. The American Hospital in Paris is now open, and inquiries for positions should be addressed to Mrs. A. H. Lough, 55, Boulevard du Château, Neuilly-sur-Seine, Paris. Nurses taking posts there are required to stay at least six months if their services are satisfactory. The salary is \$40 per month, with living.

A NURSE asks for a list of foreign hospitals employing American nurses, but no such list can be given, as there are no such hospitals. It is possible that an American nurse, by dint of personal initiative and by being on the spot herself to go and see the necessary authorities, might succeed in getting into almost any foreign hospital for special reasons and upon special conditions, but these reasons and conditions would vary so greatly, and be so entirely a matter of personal arrangement, that no information can be given as authoritative. It is possible that there may be opportunities for the next two or three years, in the new Roman school at the Polyclinic Hospital. The latest news of this will be found in another paragraph.

THE *Flemish Nursing Journal* mentions a strong anti-alcohol propaganda which is being carried on in the hospitals there. As against the views of five years ago, that some kind of drink was necessary to maintain vigor, the physicians now insist that alcohol is always a poison, and many hospitals demand total abstinence from their entire staff, internes as well as orderlies and men nurses. In Hungary, also, Minister Andrassy has required total abstinence for all the medical and nursing staff of state hospitals for the insane.

Echoes of the anti-alcohol crusade come from Germany, too. A monster petition for the right of local option has received notice in the German nurses' journal and the members have all been urged to sign it.

Unterm Lazaruskreuz announces the formation of a Swiss nurses' association. Preliminary meetings were held in October and November, and articles have been adopted applicable to the whole of Switzerland, and providing for local and cantonal groups. The association takes in medical men and women, men nurses, and at present admits nurses of well children. This will probably prove, as time goes on, to be too inclusive, as the problems to be met will be entirely different and there will be no common meeting ground except that of living conditions, which is the one interest common to all workers. The combination suggests that either the children's nurses are very advanced, or that the trained nurses for the sick are pretty far behind.

AUSTRALIA, we observe in *Kai Tiaki*, has begun to move definitely toward state registration of nurses. When the Australian journals come to hand we shall report the latest details.

MR. SYDNEY HOLLAND is still opposing registration because of the nurses who will be sure to become "flighty and flirty, drunk and dotty." The English opposition papers still refuse to see that registration is an educational question, just as the government refuses to see that the women's claim is a political question. Why men should pride themselves thus on appearing stupid or dense of understanding is not clear. Ignoring all the stimulus and progress on the educational side, the English enemy is rejoicing in the thought that registration in America is a failure because it does not prove to be a huge intelligence office.

THE pioneer nurses in Italy are greatly exhilarated by the appearance of a very remarkable book written by Professor Baccarani of Ancona, in which he makes a most enlightened and radical plea for the complete revolution of the nursing side of Italian hospitals. The interesting thing is that he has worked it all out for himself, not having known of the strivings of Miss Baxter and Miss Turton, and having done his studying of the question quite independently. He shall go into the third volume of "History," which was begun on New Year's Day.

MRS. FENWICK, whose sympathetic interest has been strongly centred of late upon prison conditions of unsanitation and non-hygiene, and who presented the resolution at the congress calling for trained and taught staffs of prison wardresses, has formed an "Elizabeth Fry League," to work for the improvement of prison deficiencies in matters

relating to mental and physical health. A most admirable undertaking—and the article in the *British Journal* for December 18, in which the plan and aims are set forth, is deeply suggestive and appealing.

THE training school for nurses in Paris has had a most satisfactory final examination, and a number of the most meritorious graduates have been placed on the permanent staff. The nurses who have received their certificates are forming a nurses' league or *alumnæ* association, a very interesting mark of the new order of things.

MEDICAL DIRECTOR WISE, speaking at the Association of Military Surgeons in Washington, declared one of the greatest needs of America is more general education among medical men. The need is felt particularly in the public service.

“I would rather appreciate the things I do not have, than to have things I do not appreciate.”—*Unknown*.

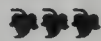
HOPES

A St. Nicholas League member in February St. Nicholas.

When I was small, I hoped for toys
And dolls and sweets galore,
And then when I was six I wanted
Books of fairy lore.

At seven, I wanted roller skates;
At eight, I yearned for wealth;
But now that I'm eleven
All I really want is health.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE



IN CHARGE OF
HARRIET FULMER

NEIGHBORHOOD NURSING

By ADELIA STEEL, R.N.

Graduate of the Presbyterian Hospital, Pittsburg and Allegheny; Visiting Nurse
of the Woods Run Industrial House, North Side, Pittsburg, Pa.

THE nursing profession now covers three fields of activity, hospital nursing, private nursing and the neighborhood work. The first is, naturally, the most technical, but also the most mechanical. Everything is done in its prescribed manner. Every instrument and every convenience are at hand to make the work successful. The doctor is ever present and in any time of difficulty his aid can be quickly summoned.

In private nursing, the work is not quite so mechanical as the hospital work but, in most cases, every convenience is provided, because the home, for the most part, can well afford to pay for them; but with the neighborhood visiting nurse most of the work depends on personality and initiative. The centres from which a visiting nurse goes out are generally those interested in philanthropic work with no superabundance of money or equipment. The nurse, therefore, must make the most use of what is at hand and act as her knowledge dictates.

As the people of the neighborhood in which the visiting nurse works generally represent the working class, it is necessary for the nurse to become a friend before entrance can be gained to the home. The reason that the poor have for acting in a hostile manner, in most cases, to the first visit of the nurse is from the fact that they have been exploited so much by unscrupulous people that it makes them suspicious of people who are not of their class. The personality of the nurse is, therefore, the thing that gains her admission to the home. If she shows a kind, warm-hearted interest in the family and can show that it is with a well-intentioned mission that she comes, she is not only received the first time but, on every future visit, is welcome. The nurse who enters

neighborhood work with an idea that she is doing a charity work and that the people, therefore, ought to be glad to see her come, will find the door closed against her many times, and, in fact, will not gain admittance at all unless they are in dire need. She must be conscious continually that it is only a circumstance of having less money than others that makes a family poor, but this condition does not always indicate that the standard of manhood and womanhood in the family is low. If the family, therefore, is approached with that optimistic spirit, the nurse not only gains admission to the home to attend to physical ailments, she becomes a confidante of that family, and thereby is the first to help in the social uplift. Gossip should be a thing unknown to the visiting nurse.

The other good quality, personal initiative, is most requisite. If, when visiting in the neighborhood, the nurse should suddenly find herself confronted by a case that needs immediate attention, and no physician is within hailing distance and some form of relief is necessary, she must tackle the case alone and stick by it until assistance comes.

There is scarcely any affliction but is met with by the visiting nurse in the poorest sections of our large cities. In the homes of the very low, disease is due largely to neglect and personal uncleanness, surrounded by unsanitary conditions. Among others, accidents and malnutrition are the causes. Cases of blindness, deafness and dumbness, and deformities, all due to neglect, are found. It is the nurse's duty, not only to have these properly placed and treated but, in the most careful manner, to eliminate the causes and intelligently raise the standard of the home, that future cases may not develop.

While visiting in a home recently to look up a case of a one-year-old child that was blind (and will be so permanently, but could have been given its sight if the proper medical care had been given it when born) I also found a seven-year-old boy whose leg was drawn up in V-shape with the knee quite rigid. I found the child had fallen, broken the leg at the knee, and, never having had a physician, the bones knit in the position described. I referred the case to a specialist on children who performed an operation and, after lying in a hospital six months, the boy left using both his legs. Two similar cases, one with a broken wrist bone, the other with a broken shoulder-blade, were found after they had been deformed for a time and the bones reset and the children saved from being permanent cripples. The great work of the visiting nurse, socially, lies in this field,—not only relieving petty ailments and dealing with the common diseases, but searching out the cases that otherwise would go unattended. This service, therefore, is broader than just to

the individual, for it saves the community the expense of caring and providing for a host of dependents. There is a large need for warm-hearted, sympathetic women, who, with their medical training, can get at the causes of evil and eradicate them, and thus aid in the great social uplift of our fellow men.

VISITING NURSES' SETTLEMENT, ORANGE VALLEY, NEW JERSEY

BY HONORA BOULDIN, R.N., Head Worker

THE winter is one of increased activity in our settlement, owing to the fact that we are better equipped to do effective work. Through the generous interest of a member of the Board of Advice a new resident has been added to the corps of workers, Anna Tobleman, graduate of the Moabit Hospital, Berlin, Germany, for night work. This supplies a long-felt need, and hereafter day nurses, the students taking the three months' course in visiting nursing, will be relieved from regular night work. Alila Bachan, graduate of the Samaritan Hospital, Troy, New York, has completed the student course and has accepted the position of assistant to the head worker. Cora Myers, graduate of the Normal Training School, Detroit, Mich., is holding classes in dietetics of both hospital students and neighborhood children, in the settlement diet kitchen. Students in training are admitted to these classes.

The lectures given in co-operation with the Social Settlement, our near neighbor, are under the following subjects: Thursday, February 10, 3.30 P.M., "Popular Education in Dietetics and Economics," by Winifred S. Gibbs, of New York, at the Nurses' Settlement; Friday, February 25, 8 P.M., "The Underlying Social Motives of the Settlement," by Henry Moskovitz, Social Settlement; Friday, March 11, 3.30 P.M., "Principles of Relief," by Miss Knevels, Nurses' Settlement; Friday, March 25, 8.30 P.M., Medical lecture by Dr. Cater, Nurses' Settlement; April 8, 3.30 P.M., "Some Phases of Tuberculosis Nursing," presented by nurses in the field; Friday, April 29, 8.30 P.M., "The Care of Children," by Dr. Potter, Nurses' Settlement; Friday, May 6, 4 P.M., "School Nursing," by Miss Moore and Miss Jack, school nurses.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

THE PREVENTION OF BLINDNESS.—The *New York Medical Journal* says: The special committee on the prevention of blindness of the New York Association for the Blind held its first annual meeting recently, and submitted a most gratifying report of its first year's work. This committee, which is made up of physicians and laymen, has for its object the investigation of the direct causes of preventable blindness, with the hope of eliminating such causes, and as ophthalmia neonatorum is responsible for about one-third of all blind children in schools for the blind in this country, the committee hopes, through legislative and educational measures, to practically eradicate this disease. It was recommended that a solution of silver nitrate be gratuitously distributed by the State Department of Health to physicians and midwives, and to this end an appropriation of \$5000 was made by the state. All birth certificates issued by the State Department of Health now bear the query: "What preventive of ophthalmia neonatorum did you use? If none, state the reason therefor." The educational work of the committee has been carried on by means of publications, public speaking, lantern slides, and photograph exhibits. The expense of the work is borne by the Russell Sage Foundation. The membership of the committee includes Dr. Eugene H. Porter, Dr. Charles Stedman Bull, Dr. J. Clifton Edgar, Dr. Ward A. Holden, Dr. F. Park Lewis.

SYMPOSIUM ON ALCOHOL.—The *Yale Medical Journal* reports a symposium on alcohol held at the meeting of the Connecticut State Medical Society and the Fairchild Medical Association, at which papers were read on "Alcohol as a Food," "Alcohol as a Poison," and "Alcohol as a Remedy." In discussing these papers, Dr. Carmalt presented statistics from the reports of the New Haven Hospital from 1881 to 1908, showing that there has been a steady decline in the use of alcohol and a corresponding increase in the use of milk. He believes that the profession is using less and less alcohol all the time, and that milk is being used more for nourishment.

THE INFLUENCE OF DIET ON INFANT MORTALITY.—J. P. Crozier

Griffith's paper in the *New York Medical Journal* is a plea for a more careful preparation of the infant's food. He considers that the ferments, alexins, antibodies, and other substances are in many respects different from those in cow's milk. It is possibly through their influence that an infant can be made to thrive if only it is given daily one or two feedings from the breast. Something imbibed in this way appears to make the cow's milk more readily absorbable by the digestive tract. Many of the maternal excuses for early weaning are purely fanciful, and no woman should wean her child except under the physician's direction. Especial care should be taken to prevent in bad weather the decomposition of food which has been properly prepared. Clean milk, free from dirt, is the first necessity. In regard to Pasteurization and sterilization of milk the author says that prolonged heating at a high temperature destroys many of the natural ferments and likewise alters the digestibility of the proteins by its action on the lime salts. Many of the ferments and other bodies are not affected by Pasteurization at proper temperature. From a purely clinical standpoint there is no doubt that milk of poor quality is much more harmful raw than sterilized. He himself has little fear of the bad results attributed to heating as compared with the danger of milk rich in bacteria, and believes that with all doubtful milk, and probably with all milk during the hottest weather, Pasteurization is to be recommended. The sale of commercially sterilized and Pasteurized milk is to be condemned. It has been shown that Pasteurized milk will develop dangerous bacteria more rapidly than will raw milk, the heat having destroyed the lactic acid germs, which, if left alive, check by their growth the development of the proteolytic varieties. Pasteurized milk is, then, valuable, but the necessity of care in its production and especially the care of the product afterward is evident. The term "sterilized milk" and "Pasteurized milk" on the milk wagon merely gives the mother a false sense of security, even supposing that the process has been honestly and properly carried out by the dealer. All sterilization and Pasteurization should be done at home.

THE PUBLIC DRINKING CUP.—A new periodical, *The Cup Campaigner*, has made its début with the December number. The journal introduces itself as "A militant little paper published at intervals by persons striving to banish that most prolific medium for spreading disease—the public drinking cup; containing authentic reports of the rulings of health officials, the growth of public sentiment through the press, and other developments of the crusade." The editorial offices are at 115 Broadway, and the editor is Mr. Hugh Moore.

OXYGEN IN SERIOUS CASES OF WHOOPING-COUGH.—The *Medical Record* says: E. Weill and G. Mouriquand describe their experience with the use of oxygen by inhalation in serious cases of whooping-cough and in pneumonia following this disease. It will serve to prevent the occurrence of pneumonia in many cases that are threatened with lung involvement. It also diminishes the severity of the paroxysms of cough, although it does not seem to lessen their number. Their cases amount to thirty and in all of them oxygen seemed to act as a sedative of the first order. It acts not as a depressant of the system, but enables it to struggle against the disease. Cyanosis is lessened, appetite is better, and somnolence diminished between the attacks. It acts as an anti-septic in the lungs, and prevents the extension of pneumonia to new localizations.

CURRENT LITERATURE OF INTEREST TO NURSES

New York Medical Journal, December 4, "The Influence of Diet on Infantile Mortality," J. P. Crozier Griffith, M.D.; December 11, "Disguised Starvation and the Reasoning Faculties," Nathan Rosewater; December 25, "The Report of Some Interesting Cases of Foreign Bodies Removed from the Ear," Hal Foster, M.D. *Medical Record*, December 4, "Women in Medicine," Editorial; December 18, "Stammering," G. Hudson-Makuen; December 25, "Borderland Cases of Insanity," Editorial. *Journal of the American Medical Association*, November 27, "Value and Limitations of Salt-free Diet and Restriction of Fluids in Nephritis," Victor C. Vaughan, M.D.; "Constipation;" December 25, "The Deaf Child and the Physician," John Dutten Wright, "A Cap for Outdoor Sleeping," Thompson Frazer, M.D., "Treatment for Chronic Constipation," George Edward Barnes, M.D., "American Standards in Education," Editorial; January 1, "Work Cure," Herbert J. Hall, M.D., "The Defence of Medical Research," Editorial; January 8, "The Rôle of Animal Experimentation in Diagnosis of Disease," M. J. Rosenau, M.D., "Germophobia," Editorial. *The Survey*, January 8, "State Care of the Insane," William L. Russell, M.D.; January 1, "The Construction Camps of the People," by Lilian D. Wald and Frances A. Kellor, a study of housing and sanitary conditions of the laborers employed on the new barge canal and on the water-works system, showing how far superior is the care given by the city to that of the state, which makes no provision for maintaining the health of its laborers and by disregard of hygienic precautions permits these camps to become menaces not only to the health of the employees but also to the communities in which they are situated.

LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

TUBERCULOSIS DISTRICT WORK.

DEAR EDITOR: Will you please tell me through the JOURNAL just how to begin tuberculosis district work? Or perhaps some nurse will be kind enough to tell me of some experience she has had. K. L.

[An answer to this inquiry may be found by consulting Miss Waters' book, "Visiting Nursing in the United States," published by the Charities Publication Committee, 105 East 22nd Street, New York. We shall be glad also to publish in our Visiting Nurse Department replies to this question.—Ed.]

PRECAUTION UNHEEDED.

DEAR EDITOR: I should like to know through the JOURNAL if a family having some one in the house who has chronic bronchitis and also chronic catarrh is not justified in keeping dishes and drinking cups separate from those used by others. And I should like some information as to how one is to keep such a person from spitting any and everywhere, especially as he persistently refuses to comply with all requests as to the disposal of sputum.

A. H. R.

DELEGATES' EXPENSES.

DEAR EDITOR: I was interested in the "Expenses of One Delegate" in the December JOURNAL. I have always found that many precious minutes of the crowded convention days are wasted in waiting for cars and in waiting to be served in hotel dining rooms, so at the San Francisco convention I tried a new plan. I arrived a day early and went from the train to the neighborhood of the hall and selected a nice room with two beds in a private home, one-half block from where the meetings were held. The room cost five dollars a week and I shared it with another delegate. We took our meals in restaurants nearby and saved both time and money.

The following is the account of my expenses, covering one week:

Railway ticket.....	\$26.50
Pullman	2.50
Car fare.....	.45
Baggage	2.50
Room	2.50
Board	5.25
Trip to Tamalpais.....	2.00

\$41.70

M. A. P.

OBSTETRICAL DIET LISTS.

DEAR EDITOR: In your next month's JOURNAL, would you kindly give a two weeks' suitable diet, starting with liquid and ending with full diet, for an obstetrical patient or, in other words, will you give a menu for each day?

E. L. B.

[Replies from obstetrical nurses received before February 12 will be embodied in an article on the subject in the March JOURNAL.—ED.]

NEW USE FOR A PAP SPOON.

DEAR EDITOR: One of the best suggestions offered me by the superintendent of nurses when I was leaving the hospital to commence private nursing was that I should subscribe to THE AMERICAN JOURNAL OF NURSING. I want to tell you how much it has meant to me during the year, it has come to help me with several of my cases. My first was an obstetrical case, and a nice concise list of articles needed at such a time was a great help to me. Another edition brought an article, "How to Care for a Fractured Femur in a Private House." This was what I was doing at that time.

I would like it if more nurses would give their experiences in private nursing. It is interesting to read of some of them in the JOURNAL.

I find a baby's pap spoon a useful article in my bag; it makes a nice steady spoon for hypodermics, as the handle is inverted.

Wishing the readers of the JOURNAL a successful New Year, and the JOURNAL the same,

LOUISE HISBIT HAZLEHURST, R.N.

OPERATIONS ON MALE PATIENTS.

DEAR EDITOR: What is the custom of nurses doing hospital work during operations on male patients where, of necessity, the genital organs are exposed, especially those nurses assisting surgeons? Will the nurses of Ohio especially answer, also lady superintendents of our main hospitals?

I know what attitude to take, myself, but I have been told that my stand is radical and that it is customary for nurses in Cleveland and Columbus to assist and, in fact, to wait upon male patients regardless of exposure. While I do not credit this statement, I should like to be able to produce the protest of a number of nurses who, I am sure, feel as I do.

What number of hours do the nurses of the middle states consider right to ask for themselves when doing private duty?

M. M.

A REPLY FROM OHIO.

DEAR EDITOR: In answer to the question asked in regard to nurses being present at operations upon male patients, I wish to say that in one of our operating rooms all "screen" cases are regarded as such, and the nurse does not go behind the screen at all during the operation. In another operating room the nurses are present at every operation, the scrubbing up of the patient, however, is done in the anæsthetic room without the presence of the nurse. When the bandages are put on a "screen" case after the operation, the nurse usually either leaves the room or the patient, on the table, is wheeled out of the room, and the bandage applied in the adjoining room.

We always teach our pupils that whatever is *necessary* for a nurse to do, no matter what that is, is the proper thing for her to do. We never hear the matter discussed.

Every nurse has a right, I believe, to become indignant at unnecessary exposure, whether the patient is a man or a woman.

Personally I feel just as indignant at having a woman patient unnecessarily exposed before a doctor as I do at having a man patient unnecessarily exposed before a nurse.

D.

THE FAMILY DIPPER.

DEAR EDITOR: I should like to make a suggestion to nurses who are anxious to help stamp out the white plague. How many of us give a thought to the bucket of drinking water that stands on the kitchen table of a country house, night and day, with a dipper in it, so that if any one wants a drink he may help himself? I have been in families where I know there has been consumption and, until I had put a stop to such a disgusting plan, every one was drinking out of the same dipper, and putting it back in the pail without washing it off.

I think if every nurse would do her duty in telling people the danger of this, it would do a great deal toward controlling the disease. I never have any trouble in making people follow my suggestion of pouring the water from the dipper into a glass and then washing the glass after drinking. It takes only a little time, and might save many a life. I have an idea that many nurses do the same thing themselves, because they are in a hurry.

E. C.

LIVING CONDITIONS IN ARIZONA.

[A number of inquiries have been received at the editorial office of late in regard to nursing conditions in Arizona. The writer of this letter was asked to describe conditions as she finds them.—ED.]

DEAR EDITOR: I shall do my best to comply with your request for a letter telling how I happen to be down in this part of our country and something of conditions here.

With the class of 1904 I was graduated from the Farrand Training School, Detroit, and after doing both private and institutional work there, and in Alabama, I came, in 1908, to Douglas, Arizona, to be with my sister, nursing only when so urged that I cannot well refuse.

In order that you may understand better the conditions of living and nursing I must tell you a little about the location of Douglas. It is situated on a plateau of about 4000 feet elevation which, like the rest of this western country, is very productive when irrigated, but quite barren otherwise. However, during July and August, the rainy season, the fields are quite attractive with yellow and purple wild flowers and very fragrant acacia. Except for a few scattered weeks during the winter the days are warm and the sun bright, while the nights are cool. Just before the rainy season begins, when there is rain nearly every afternoon, there are usually a few hot nights. In the spring, high winds accompanied by dust are frequent. The autumn and winter here are certainly delightful; but I am not so well pleased with late spring and early summer. The mountains surrounding the valley are a never-ending source of delight and the sunsets are most glorious.

Douglas itself is a town of about 8000 inhabitants (white and Mexican), right on the Mexican border, with a very small town, Agua Prieta, on the other side. Two copper smelters, one of which is owned by a New York company, which owns also the main store and all the railroads, are its main business support. The street railway, telephone system, ice plant and water-works are all owned by the same men. Such conditions, you will readily understand, keep the cost of living very high compared to that in the smaller towns of the east. Good table board is about \$30 a month, and a comfortable room, without heat, cannot be had for less than \$10 a month. I think clothing averages about one-fourth more than in the east. Building materials are expensive, so houses are comparatively small, four- and five-room houses being the average,—however, good bathrooms and sewerage are becoming quite common. The greater proportion of the homes of the white population are furnished with gas ranges and electric lights.

Now as to the nursing field, there are, so far as I know, only two graduate nurses beside myself practicing here, and two in the hospital of Dr. Wright. Of these nurses one is from an Iowa school, one from the University of Michigan Training School, another from the Pacific Hospital of Los Angeles, and the fourth from a New York City training school. Of course, there are several of the so-called practical nurses. I find that one is particularly well established here, but I have also found that in a number of cases people have preferred a graduate nurse and would have engaged one if there had been one available. There are few families here that have more than a moderate amount of wealth; but there is a goodly proportion of the white population that is well informed and appreciates the advantages of a well-trained nurse. These people are not able, however, to pay an increase in fee in proportion to the increase in the cost of living. The cases to be had are principally obstetrical, typhoid, and in the spring, pneumonia.

Perhaps you would be interested in hearing about the hospitals here. Quite recently an order of Sisters bought a house and converted it into a hospital. The other hospital, known as the Calumet, was started several years ago by Dr. Wright, who is company physician for the Calumet and Arizona Smelter. The other smelter and the railroads send their patients to this hospital until they are able to be transported to the company hospital in Bisbee, a town about thirty miles distant. The leading doctors are all graduates from schools east of the Mississippi River, four of them coming from the University of Michigan.

This climate is fine for tuberculosis. Out-of-door sleeping porches are very common.

I trust that I have given some information which will be of interest to other nurses without making my letter too tedious.

OLIVE J. ROUECHE.

Box 385, Douglas, Arizona.

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL

AMERICAN NATIONAL RED CROSS

MEMBERS OF CENTRAL COMMITTEE NURSING SERVICE

From War Relief Board

Mrs. Whitelaw Reid, 451 Madison Avenue, New York, N. Y.
Mrs. Isabel Hampton Robb, The Haddam, Cleveland, Ohio.
Miss Jane A. Delano, Office of the Surgeon-General, War Dept., Washington, D. C.
Miss Georgia M. Nevins, Garfield Hospital, Washington, D. C.
Major Charles Lynch, U. S. Army, War Department, Washington, D. C.
Surgeon W. L. Bell, U. S. Navy, Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

From Emergency Relief Board

Miss Mabel T. Boardman, Room 341, War Department, Washington, D. C.
Mrs. William K. Draper, 121 East 36th Street, New York, N. Y.

Nurses' Associated Alumnae

Miss Sophia F. Palmer, 247 Brunswick Street, Rochester, N. Y.
Miss Emma M. Nichols, Boston City Hospital, Boston, Mass.
Miss Linna G. Richardson, "The Richardson," 14th and Market Streets, Portland, Oregon.
Miss Anna C. Maxwell, Presbyterian Hospital, New York City.
Mrs. F. Tice, 103 State Street, Chicago, Ill.
Miss Margaret A. Pepoon, 4440 Maryland Street, San Diego, California.
Mrs. Harriet Camp Lounsbury, 1119 Lee Street, Charleston, West Virginia.

ASSOCIATED ALUMNÆ NOTICES

TO STATE, COUNTY AND CITY ASSOCIATIONS AFFILIATED WITH THE ASSOCIATED ALUMNÆ.—An official communication will be sent to each affiliated association, containing questions of importance to be answered and returned, for the inter-state report to be presented at the annual meeting. This form is being used as an outline and guide for officers who are unfamiliar with the entire year's work of their society, and that necessary information may be furnished without further correspondence with the secretary.

TO ALUMNÆ, STATE, COUNTY, AND CITY ASSOCIATIONS.—Nominating blanks were sent to all affiliated associations in October, to be filled in and returned to the chairman of the nominating committee by January 1, 1910. There are still a number of these blanks unreturned and an urgent request is made that they be sent at once. If any association failed to receive one, write at once to the chairman, Adda Eldredge, St. Luke's Hospital, Chicago, Ill. Any nominating blanks received later than March 1 will not be considered.

ANNUAL MEETING.—Special attention is called to the change of date of the annual meeting of the Associated Alumnae to be held in New York. Instead of June as previously announced, it will be held the third week in May. This has been considered advisable for several reasons, one of which is that Columbia University will be closed in June, which would be a great disappointment to all. The Hospital Economics Department having recently received a large endowment will be a cause for rejoicing at our Jubilee meeting, and it is specially appropriate that the meetings should be held while the course is in session.

AGNES G. DEANS, Secretary.

CONTRIBUTIONS TO THE JOURNAL PURCHASE FUND TO
JANUARY 15, 1910

Previously acknowledged		\$1312.50
Hope Hospital Alumnae Association.....	\$15.00	
West Virginia State Nurses' Association.....	50.00	
Hartford Hospital Alumnae Association.....	25.00	
St. Barnabas Hospital Alumnae Association, Minneapolis....	25.00	
San Francisco County Nurses' Association.....	100.00	
Lakeside Hospital Alumnae Association, Cleveland.....	50.00	
Brooklyn Homœopathic Hospital Alumnae Association.....	25.00	
Anna C. Maxwell.....	25.00	
Pauline Dolliver	25.00	
Anna E. Brobson .....	.50	
Minnie G. Watt .....	.50	
Mary A. Mackenzie.....	1.00	
Fantine Pemberton	1.00	343.00
		<hr/>
		\$1655.50

ANNA DAVIDS, R.N., Treasurer, and Member of Journal Purchase Committee,
128 Pacific Street, Brooklyn, N. Y.

CHANGES IN THE NURSE CORPS, UNITED STATES NAVY

APPOINTMENTS: Hoskins, Susanne B., graduate of New Haven City Hospital; has filled the following positions since graduation: first assistant supervisor, night supervisor and operating room nurse at same hospital. McDonald, Loretta, graduate of Garfield Memorial Hospital, Washington, D. C., three years in civil hospital, Manila, P. I. Haas, Margaret L., graduate of St. Luke's Hospital, New York City, late director of visiting nurse work, Lancaster, Pa.; instructor in practical nursing, Lancaster Hospital.

TRANSFERS: Isabella M. Baumhoff and Mary Irena Hess from the Naval Medical School Hospital, Washington, D. C., to the Naval Hospital, Annapolis, Maryland.

RESIGNATIONS: Margaret L. Gorman, November 3, 1909, to be married. Ethel R. Parsons, December 15, 1909.

ESTHER V. HASSON, R.N.
Superintendent Nurse Corps, U. S. Navy.

NEW HAMPSHIRE

Franklin.—THE FRANKLIN HOSPITAL was dedicated on New Year's Day and formally opened for the reception of patients. This is a result of long and interested effort by the Hospital Association of the city which began its ministration to the sick by the employment of a district nurse nine years ago, and which has been working ever since to interest the citizens and collect funds for the maintenance of a hospital. An old but well-built private residence, located on a commanding height with good air and a beautiful view, was selected as the hospital building. It needed no rebuilding, only adaptation to its present use. It contains rooms and wards for men, women, and children, an operating room, and rooms for nurses. The superintendent is Ida A. Nutter, R.N., a graduate of the Boston City Hospital, and for some years in charge of the Cottage Hospital, Laconia. All the physicians in town are on the hospital staff and serve in turn for three months each.

Portsmouth.—THE MAPLEWOOD FARM BORIS SIDIS PSYCHOTHERAPEUTIC INSTITUTE, near Portsmouth, which has been made a gift to Dr. Boris Sidis of Brookline, Mass., is for the purpose of applying psychotherapeutics to all functional nervous diseases.

MASSACHUSETTS

Boston.—THE MASSACHUSETTS GENERAL HOSPITAL ALUMNÆ ASSOCIATION held its monthly meeting on December 28 in the Thayer Library. The usual order of business was laid aside for the evening and the association had the pleasure of entertaining as guests the graduating class. A musical program by a mandolin club was followed by refreshments and dancing.

LUCY L. DROWN, superintendent of nurses of the Boston City Hospital, is convalescing from a serious illness of many weeks.

THE MASSACHUSETTS STATE INFIRMARY ALUMNÆ ASSOCIATION held its regular meeting on January 6. Laura McEachern, superintendent of nurses, was made an honorary member. An interesting address was delivered by Dr. John H. Nichols. After the business meeting, refreshments were served. A large number were present. Dr. Nichols and Dr. George A. Pierce were guests. The next meeting will be held in May at 406 Massachusetts Avenue.

RHODE ISLAND

Providence.—THE RHODE ISLAND HOSPITAL NURSES' ALUMNÆ ASSOCIATION held its regular monthly meeting on January 5 at the residence of Mrs. Clinton S. Westcot. Two new members were received. Tea was served after the business hour. The February meeting will be held with Mary A. Smith at Warren.

NEW YORK

THE TICKET OF NOMINATIONS for the state association contains an error in the list of those who are not eligible for the Board of Nurse Examiners. Miss Fraser's term of office expires in 1911 and she is *eligible* to renomination.

AMY HILLIARD, R.N., principal of the Nurse Training School at Dansville, has been appointed a member of the Board of Regents' Councillors in place of Nancy E. Cadmus, who had resigned.

THE COMMITTEE ON REORGANIZATION OF THE STATE ASSOCIATION consists of Katharine DeWitt, R.N., chairman, Rochester; Ida M. Root, R.N., Gloversville; Annie Damer, R.N., Yorktown Heights; Grace Knight Schenck, R.N., and Martha M. Russell, R.N., New York City.

THE STATE HYGIENE LABORATORY has perfected arrangements whereby those afflicted by rabies may be treated in their homes; hitherto, superintendents of the poor have been authorized by county law to send patients to the Pasteur Institute, New York City.

New York City.—THE PRESBYTERIAN HOSPITAL in its forty-first annual report gives as usual most interesting reports and illustrations. Memorial sketches are given of Dr. Andrew J. McCosh, Mr. John S. Kennedy, Messrs. William H. Jackson and John C. Brown. In her annual report, Miss Maxwell records the death of a member of the alumnae association of the school of nursing, Harriet E. Burtis, after thirteen years of efficient service to the sick. The Eliza DeWitt room for sick nurses has been used by thirty-three graduates of nine different schools. Either surgical or medical cases are received in this room. The visiting nurse department of the hospital continues to do valuable work. Through a gift of Mrs. Harriman it has received the use of a bed for nine months of the year at the Adirondack Cottage Sanatorium. The services of a social worker for the hospital wards has been provided by the gift of Mrs. D. O. Mills. A cottage by the sea has been, for the fourth season, available for pupils and graduates of the school.

THE PRESBYTERIAN NURSES gave a fair in Florence Nightingale Hall in December which gave visitors the privilege of shopping in London and Paris. Quaint old stone buildings with thatched roofs served as shops where one might procure haberdashery, books, sweets, brasses, hats, dolls, etc. The proceeds of the fair are to be used as a nucleus for the Nurses' Pension Fund.

THE GUILD OF ST. BARNABAS FOR NURSES held a special Christmas service at the Church of the Heavenly Rest on January 2, the general topic being "Nurses' Work and Nurses' Opportunity." The presiding officer was the Rt. Rev. Frederick Courtney, D.D., C.L. After the opening address, the Rt. Rev. Nathaniel F. Thomas, D.D., Bishop of Wyoming, spoke upon "Missionary Opportunity," the Rev. Alden H. Clark, of the Congregational Church, missionary to India, spoke upon the "Nurses' Place in the Orient," and Maj. Charles Lynch, U. S. A., upon "Government Nursing." An especially good musical program was given.

DENTAL CLINICS are being slowly increased. The Children's Aid Society has had one at the West 53d Street school for two years, but such was the demand upon it that unless there was a crying need on the part of the child he could not be given treatment. This winter there has been established another one in the Italian Industrial School in North Street. There are ten dentists on the staff, supplied by the New York Dental Hygiene Council of the dental society of the state. The clinic in Sullivan Street, and that at Bellevue for adults, with a few dentists in about a dozen school clinics, will make some impression.

CHARLES ORDWAY PARTRIDGE, the sculptor, in an address before the Monday Club, suggested to nurses that they carry at least one beautiful picture into each home visited, even though that picture be one cut from a newspaper.

ST. LUKE'S HOSPITAL ALUMNÆ ASSOCIATION issues its twelfth annual report with a list of the officers for the current year: president, Mrs. John Mann; vice-president, Dr. W. M. Tompkins; recording secretary, Blanche A. Blackman; corresponding secretary, F. C. Missimer, St. Luke's Hospital; treasurer, Mabel Wilson. Nineteen members have been added to the association during the past year, and there has been one death, that of Louise Allen. The sick benefit fund and the endowed room have both been of use to the members. Eleven have become members of the Red Cross Society.

THE MT. SINAI BOARD OF MANAGERS has decided that the remuneration for nurses on duty in the private pavilion shall be \$24 a week for twelve hour duty.

LILLIAN D. WALD, of the Nurses' Settlement, expects to sail for Japan on February 8.

Albany.—ROSE M. HEAVREN assumed the position of superintendent of nurses of the Homœopathic Hospital on December 1. Miss Heavren is a graduate of the Connecticut Training School of New Haven and has been long associated with both local and state work in Connecticut. She was for two years a chief nurse in the Army Nurse Corps.

Utica.—FLORENCE JOHNSON, R.N., class of 1906, Faxon Hospital, has been appointed assistant superintendent of nurses at the hospital.

Auburn.—THIRTY GRADUATE NURSES of the city met at the City Hospital on October 12 for the purpose of forming an association, at the request of Florence M. Grant who was elected president. The other officers are: vice-presidents, Misses O'Hern and Bush; secretary and treasurer, Jane M. Howell, City Hospital. The association meets on the second Tuesday of each month and has a promising outlook.

Schenectady.—THE HUDSON VALLEY ASSOCIATION FOR TRAINING-SCHOOL PROGRESS met in the Homœopathic Hospital in Albany in November, and in the Ellis Hospital, Schenectady, in January. The main point for discussion at the November meeting was a set of rules for graduate nurses when on special duty in the hospital. Miss Taylor, superintendent of the Homœopathic Hospital, presented a set of rules which seemed to cover most points in question. The discussion following brought out the fact that each superintendent had had similar difficulties to contend with, and that a great number of graduate nurses when they come into a hospital on special duty disregard all rules. They are loyal neither to their hospital nor to their profession. Most pupils are given a course in ethics during their training, but many disregard the golden rule after graduation. The bad habits formed during childhood are partly responsible for this, as a few years of training cannot counteract defects in bringing up.

Reports were given from the hospital association meeting in Washington, and from the state meeting in New York.

At the meeting in Schenectady, Esther T. Jackson, R.N., was re-elected secretary and treasurer for the association for the coming year. The superintendents have all shown commendable interest in the association, and they consider themselves fortunate in having Miss Alline present at most of the meetings. Her advice is always good, and her presence is an inspiration to good work.

Dr. E. MacDonald Stanton, of Schenectady, read a paper on the necessity of making the hospital surroundings of the private patient as non-institutional as possible. If the severe institutional atmosphere is eliminated, patients will be content to remain in the hospital until convalescence is fully established. A practical discussion followed the paper.

The next meeting is to be held at Glens Falls on March 12, Miss Card to preside and furnish the program.

Rochester.—THE COMMITTEE ON HYGIENE of the Monroe County Association, Miss Hollister chairman, has been preparing a course of talks on Home Nursing, at the request of the Committee on Hygiene of the American Medical Association. The outline for the talks is based on that proposed by the Superintendents' Society and will include the following heads. 1. Bed Making, Value of Sunshine and Fresh Air. 2. Baths. 3. Rubbing, Care of Sprains, Outward Applications, such as Fomentations, Poultices, etc. 4. Care and Feeding of Children, Minor Accidents, Contagious Diseases. 5. Care of Mother and Child. 6. Foods.

NEW JERSEY

Montclair.—HELEN STEPHEN, class of 1899, Orange Training School, has been appointed school nurse by the Board of Education. She had been tentatively employed since the beginning of the school year, and the experiment being found successful, Montclair has added itself to the list of towns that have found the value of the school nurse.

Trenton.—ELIZABETH COOMBE, a nurse in Mercer Hospital, is reported by the daily press as having lost her life in saving a patient who was in danger of being crushed by an elevator.

Orange.—KATE BAKER'S WORK IN HONOLULU was described in a previous issue of the JOURNAL as that of a district nurse. She is the only graduate nurse in the district of East Mani, E. H., which includes several small towns but no city, and her work lies altogether among the well-to-do residents, the poor being cared for by the plantation as part of their wage. This renders the title a misnomer, while it is hard to select a more comprehensive and illuminating one.

EXTRACT FROM A PRIVATE LETTER from a New Jersey nurse: "No one knows what a boon the JOURNAL is until she is away from nursing centres."

PENNSYLVANIA

THE ADVISORY BOARD OF THE STATE DEPARTMENT OF HEALTH decided on January 5 upon medical inspection of schools in the rural districts and will provide for the examination twice yearly of the nose, mouth, eyes, and ears of all pupils outside of the limits of cities, boroughs, and townships of the first class. Dr. Dixon, state health commissioner, proposes to instruct rural teachers in the matter of detecting the various forms of contagious disease prevalent in the state, and they will have the moral backing of his positive order against the attendance at school of scholars so afflicted.

Philadelphia.—THE WOMAN'S HOSPITAL NURSES' ALUMNÆ ASSOCIATION held a meeting at the hospital on December 8, with nineteen present. Three new members were elected; four have died during the past year. Dr. Alice

M. Seabrook, superintendent of the hospital and a member of the State Board of Examiners, gave an interesting talk on registration. The graduate nurses in the hospital gave the association, after it adjourned, a social half hour in the nurses' home.

THE ALICE FISHER ALUMNÆ of the Philadelphia General Hospital held its regular monthly meeting at Blockley on January 3, the president presiding. Much interest was manifested in the celebration of the twenty-fifth anniversary of the founding of the school, which is to take place after the convention of the Associated Alumnæ in New York. The secretary was instructed to make an appeal to all graduates of the hospital to send their names and addresses to her. Married members are asked to send maiden names as well. Address M. L. VanThuyne, 425 Vine Street. At the annual meeting, Easter Monday, action will be taken on the change of the name of the association from the Alice Fisher Alumnæ to the Alumnæ of the Philadelphia General Hospital, and also on the matter of incorporation.

THE HOWARD HOSPITAL NURSES' ALUMNÆ ASSOCIATION held its regular business meeting on December 5, with twenty members present. The subject of an endowed bed for sick members was discussed, and certificates of membership with alumnæ seal were presented to active members.

FLORENCE M. BIDDLE has completed her post-graduate course at Bellevue and is doing private nursing. Ellen Mitchell has resigned as operating room nurse at the hospital to take a position as superintendent at Delancy Hospital, this city. Mrs. L. K. Roller has given up private nursing to do social work among babies for the Starr Centre Association.

Scranton.—THE SCRANTON TRAINING SCHOOL ALUMNÆ ASSOCIATION held its regular meeting at the State Hospital on January 13, Miss Gamewell presiding. Ten members were present. After roll call, minutes, and reports, officers were elected as follows: president, Harriet B. Gilson, R.N.; vice-president, Katherine Vetter; secretary, Jeanette A. Edwards; treasurer, Jennie Quinn; member of executive committee, Emily Gamewell. A vote of thanks was given the retiring officers for their faithfulness and efficiency. An interesting and instructive paper on "Hookworm Disease" was read by Miss Gilson to whom a rising vote of thanks was given. The next meeting will be held on February 10.

NORTH CAROLINA

THE BOARD OF EXAMINERS OF TRAINED NURSES has elected new officers as follows: president, Cleone Hobbs, R.N., Greensboro; secretary-treasurer, Anne Ferguson, R.N., Statesville.

Charlotte.—THE CHARLOTTE SANATORIUM has lost a capable officer by the resignation of its first superintendent, Ethelyn Cherryman, who has recently been married. Her successor has not yet been chosen.

MISSISSIPPI

Natchez.—A COUNTY ASSOCIATION has been organized by the nurses of this city with the hope that the first steps toward working for state registration may be taken. The AMERICAN JOURNAL OF NURSING is included in the membership dues.

KENTUCKY

Louisville.—THE JEFFERSON COUNTY GRADUATE NURSES' CLUB held its annual meeting at the Flower Mission, January 3, with a large attendance. The following officers were elected: president, M. Lustnauer; vice-president, Mrs. J. Telford; recording secretary, A. K. Bindeman; corresponding secretary, D. Weissinger; treasurer, Katherine O'Connor. Membership committee, Annie Rece; sick benefit, J. O'Connor; program, E. Robertson; entertainment, M. Alexander. Two new members were elected. All of the annual reports were satisfactory, especially that of the registrar of the central directory, which gave a membership of 111. The directory is under the auspices of the club and has been a success ever since its organization nearly two years ago. The by-laws of the club were amended at this meeting.

OHIO

Cleveland.—THE LAKESIDE HOSPITAL ALUMNÆ ASSOCIATION held a bazaar on November 30 and December 2, 1909, for the purpose of raising money to be applied to the fund for an endowed room for its sick members. The proceeds amounted to nearly \$1000. On November 8 and 9 the "Peary Caboose" was loaned to the alumnae by the Erie Railroad Company, the proceeds to be applied to the endowed room fund. This is the caboose which was used by Lieutenant Peary for sleeping quarters at Etah during the winter of 1898-1899. It remained untenanted in the ice until picked up by the ship "Windward" on its second voyage in 1901. It contained many relics, and an admission fee of ten cents was charged. The association realized \$122. Officers of the association are: president, Lottie A. Darling; vice-president, Cora E. Grant; secretary, Florence I. Ashton; treasurer, Phoebe Kandel.

ELIZABETH M. ELLIS, superintendent of the Lakeside School for Nurses, has been away from the school for two months, recuperating from an illness. Fannie G. Noyes, class of 1908, has taken charge of the Anatolia College Hospital, Marsovan, Turkey. Mabel C. Thompson, class of 1905, has accepted the position of assistant principal of the Miami Valley Hospital, Dayton. Estaiene M. DePeltquestangue, class of 1908, is now supervisor of probationers, at the hospital.

Cincinnati.—THE JEWISH HOSPITAL ALUMNÆ ASSOCIATION held its regular meeting at the hospital on December 3, Miss Ardill presiding. After a short business session, the members were addressed by Mr. D. Workum, president of the board of directors, who clearly and forcibly stated the reasons for the antagonism of the directors to the association's plan for an endowed bed fund for sick nurses. Following the address, the alumnae repaired to the nurses' hall to attend the reception and tea in honor of the new members.

MICHIGAN

Detroit.—THE GRACE HOSPITAL ALUMNÆ ASSOCIATION has elected the following officers for the year: president, Rachel Mulheron; vice-presidents, Henrietta Potts, Frances Drake; secretary, Anna M. Schill; treasurer, Elizabeth McCaw; directors, Misses Mattie McFadden, Emily Rankin, and Odessa Shepherd. Nellie Gerard was appointed chairman of the social committee.

ILLINOIS

A SUGGESTIVE OUTLINE OF INSTRUCTION (CONTINUED)

SECOND YEAR.—Nursing.—Two classes on emergencies and poisons, 4 hours; 5 classes on bandaging, 10 hours; 1 class on gynæcological treatments, 1 hour; 1 class on surgical dressings, 1 hour; 2 classes on treatments requiring aseptic precautions, 4 hours; 1 class on ante- and post-operative treatment, 1 hour; 2 classes on operating room technic with preparation of operating room, 4 hours; 6 classes on care of non-infectious diseases, 6 hours; 10 classes on care of contagious diseases, 10 hours; 1 general review, 1 hour; 1 written review, 1 hour. 29 classes, 34 hours.

Anatomy and Physiology.—1 class on chest and arm muscles, 1 hour; 1 class on hip and leg muscles, 1 hour; 1 class on fore-leg and foot muscles, 1 hour; 1 oral review on muscles, 1 hour; 1 written review, 1 hour; 2 classes on nervous system, 2 hours; 1 class on respiratory system, 1 hour; 2 classes on alimentary tract, 2 hours; 1 class on absorption and assimilation, 1 hour; 1 class on kidney, 1 hour; 1 class on blood, with laboratory experiment, 2 hours; 1 class on dissection of heart, 2 hours; 5 classes on circulation, general and fetal, 5 hours; 1 oral review, 1 hour; 1 written review, 1 hour; 1 class on brain and nerves, 1 hour; 1 class on cranial nerves, 1 hour; 1 class on sympathetic and lymphatic systems, 1 hour; 1 class on skin and ear, 1 hour; 1 class on dissection of eye, 1 hour; 1 class on regions and glossary, 1 hour; 1 oral review, 1 hour; 1 written review, 1 hour. 29 classes, 34 hours.

Obstetrics.—7 classes, 7 hours.

Ethics.—2 classes (chapters 9, 10), 2 hours.

Bacteriology.—6 classes, 12 hours; 1 oral review, 1 hour; 1 written review, 1 hour.

Materia Medica.—6 classes, 6 hours. The following is a suggestive outline of drugs: Therapeutic agents derived from the vegetable kingdom are prepared from the roots, wood, stems, bark, leaves, juice, oil, flowers, and fruit, which includes the seed and berries. Therapeutic agents derived from the animal kingdom are prepared from ferments, such as trypsin, diastase, emulsifying ferments, milk-curdling ferments; Spanish fly; gizzard of fowl; gland extracts; leeches; lymph; mucous membrane of stomach; ox-gall. Inorganic agencies used as therapeutic agents include the following; water; baths, general and local; charcoal, animal and mineral; climate; cold; electricity; elemental exercises, active and passive; food; heat, dry and moist; rest, relaxation and sleep; surgery.

Acids: acetic; benzoic; boric; carbolic, including salol; gallic, tannic; mineral acid group, hydrochloric, nitric, phosphoric, sulphuric; oxalic; salicylic and its compounds, including aspirin.

Analgesic coal-tar preparations: acetanilid; antipyrin; phenacetine.

Oils: cod-liver; carron; castor; croton; lard; linseed; olive; pepper-mint; turpentine; wintergreen.

Lectures.—Obstetrics; bacteriology; gynæcology; anæsthesia; children's diseases.

Summary.—Exclusive of lectures. Nursing, 32 classes, 43 hours; anatomy, 29 classes, 32 hours; obstetrics, 7 classes, 7 hours; materia medica, 6 classes, 6 hours; ethics, 2 classes, 2 hours; bacteriology, 8 classes, 14 hours. 84 classes, 104 hours.

Chicago.—THE PRESBYTERIAN HOSPITAL has recently received a bequest of \$500,000 from Thomas Murdoch, this sum to be added to the endowment fund for the Women and Children's Department.

ST. LUKE'S HOSPITAL celebrated Christmas with three Christmas trees besides the one for the nurses,—one for the children, one for the patients, and one for the help and their families. On Christmas Eve the choir of St. Paul's Church made rounds, singing carols.

ELLEN STEWART, a graduate of St. Luke's, has taken charge of the Clarkson Memorial Hospital, Omaha; Alice Gaggs succeeds her at Christ Hospital, Topeka. Miss Dean has taken charge of the Frances Willard Hospital, Chicago.

MISSOURI

St. Louis.—THE GRADUATE NURSES' ASSOCIATION has established a central directory for nurses at 5896 Delmar Avenue, with Miss Margaret McKinley as directress.

WYOMING

THE WYOMING STATE BOARD OF NURSE EXAMINERS held its first meeting in Cheyenne, December 7 and 8. The officers elected were: president, S. J. McKenzie, Cheyenne; vice-president, Mrs. J. S. Mills, Rock Springs; secretary, Amy E. Miller, Sheridan. Thirty-four nurses were registered and a number more will be registered later. The next meeting will be held in Cheyenne in June.

WASHINGTON

THE COUNCILLORS OF THE WASHINGTON STATE GRADUATE NURSES' ASSOCIATION have decided to have the training schools of the state investigated and have selected Mrs. Cummings of Tacoma to act with a member of the Examining Board of Nurses. The following have been decided upon: 1. That no pupil nurse should be allowed time in going from one training school to another and should not be received in a second training school unless a careful investigation was made of previous record. 2. That no pupil nurse should be sent out on private cases. 3. That the equivalent of a high school education be the minimum standard. 4. That the system of class and lecture work be examined into. 5. That hospitals not giving a general training should affiliate with a standard hospital giving a general training. It was recommended that a comfortable nurses' home, or at least comfortable quarters, should be provided by each training school, also that a two and a half year course with three weeks' holiday each year be considered the standard.

AT THE FIRST EXAMINATION held by the State Board of Nurse Examiners 135 nurses were registered.

A TUBERCULOSIS SANATORIUM is about to be established at Riverton, and the nurses' associations of the state have planned to erect a cottage for tubercular nurses at a cost of \$400, to which \$100 has already been subscribed by them.

Seattle.—THE KING COUNTY GRADUATE NURSES' ASSOCIATION held its regular meeting on January 3, with the vice-president in the chair and thirty members present. Minutes of the previous meeting were read and approved. A report of the registry, executive committee and the Seattle Federation of Womens' Clubs was read and ordered placed on file. Mrs. Bessie Davies gave a report of the building committee of the nurses' cottage for tubercular nurses, which was generally discussed. It is pleasant to note that the nurses throughout

the state are taking a deep interest in the cottage and donations from individual nurses are coming in. Although King County nurses originated the idea, the cottage is a state cottage and will be managed by the state association. Mrs. Mary Irene Farrall gave the first of a series of papers on "Obstetrics." Dr. Maud Parker gave the last of a series of lectures on "Moral Prophylaxis." A rising vote of thanks was tendered her. N. Christine Keyes, a graduate of Farrand Training School, Harper Hospital, Detroit, Mich., and a member of the King County Graduate Nurses' Association, has accepted the position of public school nurse at Olympia, Wash.

CALIFORNIA

Oakland.—KATHARINE FITCH, R.N., for some years superintendent of Fabiola Hospital, resigned that office recently and expects to spend a year or more travelling abroad with friends. Miss Fitch is a graduate of Johns Hopkins Training School and has many good friends in California. She sails February 15 from San Francisco. Miss Smythe, also a Johns Hopkins graduate, who has been assistant to Miss Fitch succeeds to the office of superintendent.

CANADA

Toronto.—MISS SNIVELY'S TWENTY-FIFTH ANNIVERSARY, reported in our last JOURNAL, had as one pleasant feature the receipt by Miss Snively of letters of congratulation and appreciation, from the alumnae associations of Grace Hospital, the Hospital for Sick Children, the Toronto Western Hospital, and the Riverdale Hospital.

BIRTHS

IN January, at Boston, a son to Mr. and Mrs. Carl B. Clancy. Mrs. Clancy was Anne E. O'Neill, class of 1899, Carney Hospital.

ON November 24, a daughter to Mr. and Mrs. Edwin J. Hulse. Mrs. Hulse was Ruth Baker, class of 1904, Orange Training School.

ON December 20, at Morenci, Arizona, a son to Mr. and Mrs. Louis J. Owen. Mrs. Owen was Mary MacDougal, class of 1903, Rhode Island Hospital.

ON Thanksgiving Day, at Hooper, Nebraska, a daughter to Mr. and Mrs. August Tillman. Mrs. Tillman was Edna Uhling, class of 1908, Illinois Training School, Chicago.

ON December 20, at Block Island, Rhode Island, a daughter to Dr. and Mrs. Carroll Ricker. Mrs. Ricker was Lillian H. McCallum, class of 1903, Massachusetts General Hospital.

ON December 1, 1909, at Nagoya, Japan, a son to Mr. and Mrs. W. DeL. Kingsbury. Mrs. Kingsbury was M. Bakenhus, a graduate of the German Hospital, Chicago, and a member of the King County Association, Seattle.

MARRIAGES

IN October, Mabel McLennan, class of 1904, Lakeside Hospital, to M. B. Bonta, M.D., of Cleveland.

IN November, Sarah J. Slaughter, a graduate of the Woman's Hospital, Philadelphia, to Albert B. Entwisle.

IN December, Bertha Williams, R.N., class of 1907, Faxton Hospital, Utica, N. Y., to James Fleming, M.D.

ON October 28, Anna Kihm, class of 1904, Lakeside Hospital, Cleveland, to E. R. Bennett, Fort Collins, Colorado.

MISS NEFF, graduate of St. Luke's Hospital, Chicago, to Robert Babbett. Mr. and Mrs. Babbett will live in Chicago.

ON November 4, Edna Hinckley, R.N., class of 1903, Faxton Hospital, Utica, N. Y., to George Burdick, M.D., of Homer, N. Y.

ON November 4, Ivy Leontine Fairchild, R.N., class of 1901, Faxton Hospital, Utica, N. Y., to Arthur Gilbert Hall, of Syracuse.

ON December 15, in the First Presbyterian Church, Charlotte, North Carolina, Edna Ethelyn Cherryman to Edward Turner Garsed.

ON December 29, at Hallerton, Quebec, Ethel M. Ellerton, class of 1907, Jamaica Hospital Training School, Jamaica, Long Island, to Thomas Bustard.

ON January 1, at Seattle, Ellen Kellogg Hill, class of 1908, Seattle General Hospital, to George C. Brackett. Mr. and Mrs. Brackett will live at 2903 North Broadway, Seattle.

ON November 17, at Whittier, California, Frances Iliff, class of 1905, Illinois Training School, to Daniel W. Tobey. Mr. and Mrs. Tobey will live at 275 Burton Court, Pasadena.

ON December 25, at Plattsmouth, Nebraska, Anabelle Daggett, class of 1909, Nebraska Methodist Episcopal Hospital, Omaha, to Charles R. Kennedy, M.D. Dr. and Mrs. Kennedy will live in Omaha.

ON December 20, Florence E. Thompson, class of 1904, Long Island College Hospital, and president of the alumnae association, to William Howard Kingston, M.D. Dr. and Mrs. Kingston will live at Hogansburg, N. Y.

ON November 11, in St. John's Episcopal Church, Detroit, Ruth Wedgery, class of 1906, Orange Memorial Training School, Orange, N. J., to Stephen Gifford Dudley of Toronto. Mr. and Mrs. Dudley will live at 369 Fourth Street, Riverside, California.

DEATHS

ON November 2, at Waterside, N. S., Florence Morrison, class of 1896, Rhode Island Hospital.

ON December 25, in Philadelphia, Mrs. Ozella Bly Ribble, class of 1898, Woman's Hospital, of tuberculosis.

ON October 24, 1909, Ella Branigan, class of 1903, Lakeside School for Nurses, Cleveland, at her home, Sharon Centre, Ohio, of tuberculosis.

ON January 5, Ella Hitchner, class of 1906, Howard Hospital, Philadelphia. This is the first death in the alumnae, and Miss Hitchner will be missed by all.

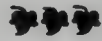
ON November 17, at Faxton Hospital, Utica, N. Y., Carolyn Tillotson, R.N., class of 1901. Miss Tillotson was the superintendent of the Niles Private Hospital, Niles, Michigan.

ON November 9, at the Woman's Hospital, Philadelphia, Anna Farley, aged 70 years, a graduate of the hospital, class of 1878. She died of carcinoma. Funeral services were held at the hospital.

ON October 15, at the Arnot Hospital, Elmira, N. Y., of typhoid fever, S. Nellie Hugg, class of 1903, Woman's Hospital, Philadelphia. She was most faithful and earnest in the discharge of her duties and was dearly loved.

ON January 6, at the Emergency Hospital, Washington, D. C., Mary R. Brown, class of 1909, Columbia and Children's Hospitals. Miss Brown was shot through the right lung by a delirious typhoid patient on December 20. Pneumonia followed the removal of the bullet.

PRACTICAL SUGGESTIONS



THE CONTINUOUS HAND BATH

By MARGUERITE PARKE

Graduate of Roosevelt Hospital Training School, New York

For cellulitis of the hand or forearm, a continuous bath has been constructed, which is approved of and used very extensively by the surgeons of Roosevelt Hospital, New York City.

The bath consists of a granite or enamel tub, measuring about two feet in length and one foot in width; the depth may vary, although it is generally about nine inches, just about deep enough to immerse the hand and forearm.

The tub rests upon brackets, swung within an iron frame wide enough to receive it, and about the height of the bed. On a shelf under the tub rests the electric heater attached to the general circuit by the usual electric wire. By means of this heater the solution in the tub is kept at the required temperature, usually 112° F.

The patient is brought to the side of the bed corresponding to the infected member, and propped on pillows or a back-rest with pillows, although the former method insures greater comfort. If a rubber cushion especially designed for the head of the tub, on which to rest the arm, is not procurable, one may be improvised by means of a hot water bag filled partly with warm water, partly with air.

The immersion in the solution, which is generally sterile saline, may be continuous, or may last from an hour and a half to two hours, when a rest is given the infected member, after which it is immersed again.

HERE are some comments made of nurses by their patients, taken from an address given by Dr. Sinkler, of Philadelphia, to the Lakeside nurses of Cleveland. They might call the attention of a thoughtful nurse to similar traits in herself of which she is not aware.

Not careful in keeping reports; trusts to memory rather than making notes in writing at the time.

Is a fine nurse; certainly understands her business; nothing too much trouble for her to do.

Too much absorbed in outside interests—there was a young man to

whom she telephoned and wrote daily. This took the keenness off her service.

Lacking in tact. Announced that it was her first case in private and at once destroyed the confidence of her patient.

Efficient, pleasant mannered and thoroughly capable; was much liked by family and patient. Showed herself thoroughly competent, although part of the time she was in a trying position on account of lack of help in the kitchen.

Absent from duty for hours without explanation and did not show due regard for the convenience of employers. Imposed upon their inexperience as to a nurse's privileges.

Even tempered; possesses good judgment; firm but sympathetic.

Kept no chart and showed a disposition to interrupt conversation and offered suggestions which, to say the least, was very annoying.

Used strong perfume; fussy and moves about constantly, touching patient or bed.

IN cases of incessant nausea and vomiting, I have found charcoal tablets to be of very good use. They may be given with or without hot water. They are also of great diagnostic value to the physician.

R. N.

My attention has recently been called to the precautions which should be observed in washing or wiping the eyes. A neighbor was in the habit of dashing away carelessly with a handkerchief any moisture that gathered in her eyes and, as a result, one lower lid became limp and drooped. It was restored with great difficulty, and her oculist told her that the eyes should always be wiped across, and toward the inner canthus, never up or down.

W.

Do obstetrical nurses remember to keep the new-born baby warm? It comes from a temperature of 98.6° into a room less warm and, as its body is wet, evaporation and cooling take place at once, yet the baby often lies uncovered until the cord is cut. A warm sterile towel should be at hand to throw over it until it can be taken from the bed and wrapped warmly. A thoroughly chilled baby is often hours in reacting, and a warm sponge bath does not help it much.

A.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

THE MIDWIFE'S PRONOUNCING DICTIONARY OF OBSTETRICAL AND GYNÆCOLOGICAL TERMS. Edited by Henry Robinson, A.M., M.D., Anæsthetist to the Cancer Hospital and to the Samaritan Hospital for Women; Late Resident Obstetric Officer at St. George's Hospital, etc. The Scientific Press, 28 and 29 Southampton St., Strand, London, W. C. Price one shilling.

This tiny volume has bound in with the rules for midwives approved by the Privy Council of Great Britain a list of such words and terms as the midwife may meet in her reading for the passing of her examinations before the Central Midwives Board. Perhaps its best recommendation is its brevity and its small form. It is easily carried about, but whether or not it should prove of value in an emergency is to be doubted. It is hardly likely to meet with much success in this country.

FUNCTIONAL DIAGNOSIS—THE APPLICATION OF PHYSIOLOGY TO DISEASE. By Thomas G. Atkinson, M.D., Associate Professor of Neurology and Physiology, Chicago College of Medicine and Surgery; Professor, and Head of Department of Physiology, Chicago College of Dental Surgery; Editor of the *Medical Standard*; Author of "Essentials of Refraction." Publishers: Chicago Medical Book Co., Congress and Honore Sts., Chicago.

This work presents to the student of diagnosis the normal function and the derangement of function which characterizes disease. Every normal function of the body is briefly described, as in the ordinary text-book of physiology, and immediately following it are given the disorders or derangements to which these functions are subject.

The book is not opposed to the theory of the micro-organism as the cause of disease, but it rather protests against the immense importance which has of late been laid upon "laboratory findings" in the diagnosis of disease. It endeavors to go back still farther and to search out the earliest departure from the normal in the function and its "sequential

relation" to disease. "Physiology," says the author, "has of late made gigantic strides, and greatly enlarged the scope of its jurisdiction; there has been an equally growing tendency to divorce it from the mutual relations with other branches of medicine which have undergone similar expansion. It is in the hope of contributing, however feebly, to the re-establishment of these neglected relationships upon a practical clinical footing that this work on physiology is offered." Again, quoting another authority he says, "No anatomical research can pierce the secret of broken co-ordinations, and yet it is in these that a great part of disease begins or eventually comes to consist." It is with the consideration of these broken co-ordinations that the book concerns itself.

SHORT TALKS WITH YOUNG MOTHERS ON THE MANAGEMENT OF INFANTS AND YOUNG CHILDREN. By Charles Gilmore Kerley, M.D., Professor of Diseases of Children, New York Polyclinic Medical School and Hospital; Attending Physician to the New York Infant Asylum; Assistant Attending Physician to the Babies' Hospital, New York; Consulting Physician, New York Home for Crippled and Destitute Children; Consulting Pediatricist, Greenwich Hospital; Consulting Physician, Savilla Home, N. Y. Second edition, revised and enlarged. Illustrated. The Knickerbocker Press, G. P. Putnam's Sons, New York and London.

Dr. Kerley's book is in its second edition a good deal enlarged and, if one may say so without disrespect to its first appearance, improved by its revision. It is a very sane and practical guide for such young mothers as may be seeking for light on the subject; and is particularly to be recommended for its freedom from technical terms and its strict adherence to an easy conversational style of writing suited to the understanding of the very youngest and most inexperienced in the ranks of motherhood.

The author first considers the "well baby," giving a vivid picture of what his young highness ought to be, how he ought to grow, and, if he fails in either of these, searching out the any and every possible reason.

Feeding is given by far the largest space in the book, and more especially maternal feeding. Artificial feeding receives due attention also, but is only recommended when the natural source is absolutely unattainable. In older children Dr. Kerley notes the capricious and fanciful appetite which is only too often allowed to become an enduring habit, so that the child has to go forth to the strenuous battle of life ill nourished and unable to cope with his fellows.

The latter part of the book is given over to a list of the childish diseases and the management of the same, not, however, including medical treatment; indeed the only mention of medicine the book contains is a repeated warning against the use of medicine by the laity.

PRIMER OF SANITATION: BEING A SIMPLE WORK ON DISEASE GERMS AND HOW TO FIGHT THEM. By John W. Ritchie, Professor of Biology, College of William and Mary, Virginia. World Book Company, Yonkers-on-Hudson, N. Y. Price, \$.50.

It has been the consensus of opinion among philanthropists and social workers for a long time that the most effective way to bring about reforms is through the children, and the educational and medical professions have come to the conclusion that the most satisfactory place to teach hygiene and sanitation is in the public school. This Primer on Sanitation by Dr. Ritchie has been prepared to this end and is intended for children of about the sixth grade. The story of the construction of the body, the struggle between the body and germs, and the causes and prevention of various diseases are told in a way that interests the child, like any well-written story,—the illustrations are specially attractive.

The book is not only valuable in the school, but equally so in the home, as a knowledge of its contents is needed by the majority of adults.

SOME PLANS AND SUGGESTIONS FOR HOUSING CONSUMPTIVES. Published by the National Association for the Study and Prevention of Tuberculosis, 105 East Twenty-second Street, New York.

This is a pamphlet containing 95 illustrations and a wealth of valuable advice to those interested in the problem of housing consumptives. Every phase of the question, whether sanitary or economic, is presented clearly and concisely in its relation to the home in crowded centres, or the establishment of sanatoria, local or state. It shows most careful and scientific research and is invaluable to workers in the field.

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EDITORIAL COMMENT



RED CROSS NURSING AND CENTRAL DIRECTORIES

THE first regular meeting of the Committee on Nursing Service of the National Red Cross was held at the home of Mrs. William K. Draper, in New York, on the evening of January 20. Of the fifteen members, eight were present, as follows: Miss Delano, president, Mrs. Draper, secretary, Mrs. Robb, Misses Maxwell, Palmer, Nichols, Cooke (representing Miss Pepoon of California), and Major Lynch, U. S. A. Previous to the meeting, the ladies were Mrs. Draper's guests at a very delightful dinner.

Miss Delano submitted an outline of rules, which had been compiled informally by Miss Boardman, Miss Nevins, Major Lynch of the army, Surgeon Bell of the navy, and herself, from the forms in use in several states, and these were discussed, altered, and adopted, with due regard for parliamentary procedure, and after being submitted to those members who were absent will be printed in the JOURNAL.

A matter which gave rise to much anxious discussion was the difficulty of reaching the enrolled nurses promptly in an emergency. The necessity was again demonstrated of the need of central registries in every large centre, under the supervision of persons who would co-operate intelligently with headquarters at Washington when nurses were needed for Red Cross service. Except in a few cities where central registries conducted by nursing organizations already exist, such as the Boston Nurses' Club, the Graduate Nurses' Association of Cleveland, and others, effective nursing service for the Red Cross would seem for the time being to be greatly handicapped, adding one more reason for haste in promoting the central registry idea by state and county associations.

Taken as a whole, the meeting of the committee was very satisfactory. Miss Delano's practical knowledge of Red Cross work and her close

touch with nursing affairs make her a most efficient and inspiring leader during this difficult period of organization. The attitude of the National Red Cross management is that of freedom of action towards the Committee on Nursing Service, and like many of our great nursing problems the solution is in the hands of nurses, if they will grasp the opportunity. The co-operation needed now without delay is the establishment in every large centre of a central directory, governed by a state or county society when possible, or by a graduate or registered nurses' association, making such a registry the headquarters for all nursing interests of the community.

Every year brings its own problems. Developments would seem to show that Red Cross nursing service and central registries governed by nurses for nurses are inseparable, and that they are the most vital questions before the nursing world to-day.

THE JOURNAL AND THE PRIVATE DUTY NURSE

EVER since this JOURNAL came into existence the needs of the great body of private duty nurses have been made a special study by the editorial staff. Not a number has gone out that has not contained something of value to our readers in that branch of work. By far the heaviest proportion of our correspondence has been in their interest. The isolation and difficulties of their lives have not been lost sight of, nor the fact forgotten that with each new case, year in and year out, the private duty nurse subordinates her personal affairs and loses herself, if we may use the expression, in the interests of the patient and the household she is serving, in surroundings often uncongenial and not infrequently uncomfortable.

When she has a few days to spare in what she calls her home, usually little more than the place where she keeps her necessary belongings, she must mend and replenish her wardrobe and attend to the needs of those dependent upon her, whether at hand or at a distance. She naturally craves in these intervals the society of her personal friends, a breath of fresh air, a good play, some really good music, or an absorbing novel that takes her out of herself while her body rests. When these natural duties and cravings have been attended to, there is little time and perhaps less inclination, as we know from experience, for professional reading, and she naturally wants such matter condensed, clear, and to the point.

How to give it to her as she wants it, knowing her manner of life, is our problem. If we could consider her as a unit, dissociated from other workers of her kind, this would be simple, our pages could be filled with abstracts from medical books and magazines, we could look

upon her as one nurse described herself, as one wishing to be constantly reminded "of the things I learned in Clara Weeks and have forgotten."

This cannot be done, for her own good. We live in an age when the practical experience of our fellow workers is essential for progress, when organization is imperative for protection, and these require reciprocity, give and take, give as well as take. The sharing of the knowledge that has been gained in her work with others is as necessary for self-development and for the development of the profession as is the openness of mind that is needed for receiving suggestions. It was to meet this need of a means for the interchange of expressions and ideas for mutual assistance in all lines of nursing work that the Associated Alumnae authorized the establishment of this magazine, and for the maintenance of the part devoted to the interests of the private duty nurses we must look to those nurses themselves. Papers written by hospital workers about private duty are not usually practical or helpful. The simplest account of one's actual work, written by the worker, is of greater value.

We want to remind those who feel that the entire magazine should be given over to their affairs that such an attitude would not serve their own best interests even if it were possible to carry out such a programme. There are certain needs of the training schools and hospital workers to be met, and that ever-increasing body of welfare nurses, engaged in tuberculosis, school, or visiting nursing, must have a place in our pages. The private nurse of to-day may find herself to-morrow an applicant in some one of these other departments of nursing and it behooves her to keep in touch with the trend of affairs in the whole nursing world.

WHAT WE ASK

We are asking three things of the private duty nurses at this time.

1. Tell us what you want to hear about and, when it is possible, tell us whom you would like to have write articles on special subjects. Dr. Potter's valuable paper on menstruation in this magazine, and the series on obstetrical diet lists, which will run through two or more numbers of the JOURNAL, are the result of direct requests from readers. Responses to such requests often come from workers in the field who would be quite overcome if asked to write "an article for the JOURNAL."
2. Send us sketches of special cases or experiences that contain some new nursing suggestions. These may be written in pencil in rough form as material to be put into shape for publication; they need not bear the name of the author if this is not desired though this must always accompany the contribution.
3. Send us friendly helpful criticism of the JOURNAL, either confidentially to the editor-in-chief, or for publication in the

letter department. By friendly criticism we do not mean praise, though this is always appreciated, or such comments as we publish in the letter department this month under the heading "By Way of Contrast," thereby breaking our rule not to use any anonymous material, but it is helpful to the editors to know what our readers have found of benefit and what they want to see further; such comments will be received in the spirit in which they are sent.

GOOD THINGS AHEAD

WE have been taken somewhat to task for not publishing a paper on hook-worm disease. The trouble is we were almost ahead of the hook-worm itself in this country, and our critics have forgotten the excellent article on "Uncinariasis" by Esther V. Hasson, written from Panama, which appeared in the JOURNAL for June, 1907. This article was so complete in its scope that nothing has been added to our knowledge by the articles that have appeared in the magazines of late. For those who have no file of the JOURNAL to turn back to, we shall publish shortly another article on the hook-worm, more condensed in form, which we have gladly received from a Pennsylvania nurse.

Newspapers and medical magazines have also been full of pellagra and we have been urged to quote from these, but except in Notes from the Medical Press we have not done so, preferring to wait for first-hand knowledge which we have just succeeded in obtaining. Miss Talcott, a graduate of the Illinois Training School, who is in charge of the nursing at the Peoria State Hospital, has had under her observation many cases of pellagra. A special study of these has been made and she is preparing an article for us which will be illustrated and full of detailed information.

The articles on building a nurses' home will be invaluable to superintendents who are thinking of such work. Miss Scovil has written for us in her charming way a paper on the moral influence of superintendents and head nurses. We have a practical paper on vomiting at hand, and several short sketches containing practical suggestions to the nurses in various lines of work, Miss Hamman is preparing an article on fireless cooking, while a little story of The Labrador will serve to lighten more serious contributions.

At the opening of last year so much material came to us from the Tuberculosis Congress and other conventions that we were obliged to refuse many papers read at local and state meetings. We see our way for the coming year to publish many such and would be glad to have them submitted to us for consideration.

VITAL STATISTICS

THE Board of JOURNAL Directors, at a meeting held in January, decided to make an effort to secure vital statistics of the nursing profession. It is probable that leaflets with questions will be sent to each *alumnæ* association for data from which to make up estimates on certain subjects, such as hours of duty, income, the effect of the cost of living on nurses' savings, length of active service in the profession, causes of death. Before such a circular of inquiry is sent out further suggestions are asked for from those interested. These should be sent to the JOURNAL office at Rochester before the first of April.

HOW TO TRANSFER JOURNAL STOCK

At the annual meeting of JOURNAL stockholders, held in New York on January 20, the gift of seven shares from various associations was announced, while the representatives present from a number of other associations indicated their willingness to sell their shares when the Associated *Alumnæ* shall be ready to purchase them. The president of the JOURNAL Company has asked us to explain how such transfers should be made.

Transfers of stock have to be made on the books of the Company and, whether as a gift or by purchase, the method is the same. The name of the secretary of the Board of Directors of the AMERICAN JOURNAL OF NURSING COMPANY (Genevieve Cooke) is inserted in the first form on the back of the certificate of stock, as the attorney to act for the owner in making the transfer, and the certificate properly signed and witnessed should be forwarded to her at 615 Palisade Avenue, Yonkers, N. Y.

Gifts are shares purely voluntary and all the associations will not feel that they can give theirs, as they have need of the money represented in their home work and a number, we know, have invested their sick benefit funds in this way to help the JOURNAL cause and, of course, must receive the equivalent again. Roughly estimated, the amount yet to be raised is something less than \$4000.

"I KNOW A WOMAN"

At a meeting of a local branch of the Consumers' League we recently heard a speaker of national repute as an investigator beg her auditors not to judge of certain economic conditions as a whole by the single instance or two which had come under their own observation, but to trust to the opinions of experts whose judgment rested upon the investiga-

tion of hundreds of cases, and which was unbiased and fair. She called the jumping at conclusions a feminine trait and quoted a lecturer of note as saying that the most discouraging remark with which he could be greeted when he had finished an address was "But I know a woman," the speaker going on to disprove by one instance what he had been trying to teach from masses of evidence.

This may be a feminine trait, but from recent observation it seems not to be confined to women. In two papers read before public meetings by physicians within a few weeks several instances of unworthy conduct on the part of nurses have been used as illustrations. In one, the story was told of a nurse who was found smoking with her patient, although smoking for the patient had been forbidden. In the other, a nurse was found nude in a bathtub, "expatiating on her charms to the patient."

These revolting instances show a lack of innate good breeding on the part of the women, the responsibility for which goes back further than the hospital or training school, and which cannot be regulated by any system of state registration that does not require high entrance examinations for the school. The conclusion drawn by these physicians was that because of such isolated cases of misconduct the whole nursing profession is to be condemned and reorganized.

Such illustrations and such conclusions are frequent from those medical men who do not see or will not see that because of such unworthy members of the nursing body, the intelligent and self-respecting women have banded themselves together the world over to so establish standards of admission to training schools, of which state registration is one means, that the entrance of such women into our ranks may be made as difficult as possible.

We all need to beware of drawing hasty and unwarranted conclusions from "I know a nurse."

THE PLACE OF THE NURSE IN MODERN MEDICINE

The place which the trained nurse holds in the system of modern medicine is well expressed by Dr. Floyd M. Crandall in his work on "How to Keep Well."

"The system of trained nursing has had its influence upon the practice of medicine in rendering it more exact. The trained nurse is a trained observer, by whose aid the attending physician can obtain an understanding of an intricate case he could not otherwise gain. The presence of such an observer adds also to the safety of the patient as the case progresses. This training of the power to observe is one of the reasons for the prolonged course of education required of the nurse.

The details of handling and managing the patient and administering treatment could be learned in shorter time, but training of the observation is a slower process. Notwithstanding the unpleasant experiences of some families with indiscreet nurses, the trained nurse is a potent factor for good in our modern life."

PRACTICAL TRAINING FOR ORGANIZATION LIFE

IN Philadelphia, two training schools, the Presbyterian and the Pennsylvania, have united their senior classes into a nurses' club. The seniors of these schools come together once every two weeks, their superintendents being always present. They have formed an organization, the officers representing the different schools, they regularly conduct meetings, and are taking up for study, using the JOURNAL largely as a text-book, many of the subjects of public interest. The members of the club write papers and have opportunity to prepare themselves on their subjects. For instance, when they were studying tuberculosis, the nurse who was to write the paper was given time and opportunity to visit various institutions, dispensaries, and sanatoria. At first the pupils were a little awkward and embarrassed in presenting their themes or conducting the meetings, but now they are used to it, they do as well as any one could, and their superintendents are very proud of them.

Next to the local associations of superintendents, which are increasing so rapidly all over the country, we think this bringing together of pupils in training the most valuable step, as it tends to break down school lines which if too strongly fostered are obstructions to progress, and to create interest in our broader organization life.

COMPENSATION FOR WELFARE WORKERS

WE have, in Miss Cannon's paper on "Fair Compensation for Welfare Workers," an appeal for fair compensation or a living wage for social service workers. We have in Dr. Baker's address before the St. Luke's alumnae, reported under News Items, a similar appeal for the special class of school nurses. The February number of the Illinois *Quarterly* publishes an address given by Dr. Carl F. N. Sandberg before the training school of the Tabitha Hospital, Chicago, in which the pupils just ready to leave the hospital are urged to give heed to the necessity of insisting upon fair compensation for their services.

It is a new note to emanate from the medical profession, and is interesting because at the very time one of our most prominent welfare workers makes the plea her arguments are practically sustained by members of the medical profession in different sections of the country.

No one knows better than Miss Cannon the wear and tear of welfare work; she is one of our best authorities in this work, which is purely a charity. The modest compensation offered by most organizations wishing to employ nurses is, in our judgment, a greater obstacle to securing the right women than the far cry that nurses are not prepared or are not competent to undertake such work. At the same time that special training along these lines is being provided at Teachers' College, the public will need to be educated to the idea that the lives of nurses engaged in such work are at least of equal value to those they are sent out to serve, that their hours of labor must be reasonable, and that compensation provided must permit not only comfortable maintenance, but the possibility of laying by modest sums for the much-talked-of rainy day, which every worker has to keep in mind.

The people who support welfare work by their subscriptions go on living in comfort in their homes; they do not make what we call personal sacrifice. The nurse's contribution to the philanthropic side of welfare work is her personal service to those people who are ignorant, dirty, often ungrateful, or dangerously diseased. She should not be asked to give such service, to risk her health, and in addition receive less in the way of compensation than nurses working either in private duty or in institutions.

PROGRESS OF LEGISLATION

THE Massachusetts State Nurses' Association has brought out a little leaflet called *The Bulletin* which will be published from time to time for distribution among its members to stimulate interest and disseminate information regarding the work being done in the state. The association has again presented a bill to the legislature in which some concessions have been made which it is hoped will lead to success. We shall hope to publish the bill with a report of its successful passage in an early number of the JOURNAL.

The Illinois nurses are again in trouble with the governor, in whose hands rests the appointing power, as he declines to fill the vacancy caused by the expiration of the term of Miss Wheeler.

A bill to increase the efficiency of the Army Nurse Corps has passed both houses of Congress, with modifications, and as we go to press is in conference, with hopeful anticipations of its ultimate passage. In its original form it provides that the pay of nurses on service in the United States shall be fifty dollars per month during their first three years of active service, fifty-five dollars per month during their second three years, sixty dollars per month during their third three years, and sixty-

five dollars per month after nine years; that ten dollars per month additional to the rates hereinabove established shall be paid all nurses on service without the limits of the United States; that nurses may be assigned as chief nurses under regulations prescribed by the Secretary of War, and their pay while under such assignment may be increased by his authority by an additional amount not exceeding thirty dollars per month. As soon as the bill becomes a law, we shall publish it in full.

THE NATIONAL MEETINGS IN MAY

THE announcements, which we are able to give in this issue, of the plans which are being made for the meetings of the two national organizations afford an inadequate idea of what those meetings are to be, but, as all those who have had such work in hand very well know, it is impossible to publish the full programme until the very last minute. The fiftieth anniversary of the establishment of the first training school in England by Florence Nightingale, and the great attractions and advantages of New York City as a meeting place, will be of themselves a sufficient inducement to call out a large attendance.

It has been suggested that there should be an informal meeting of the "Immigrants," and if any one has the names and addresses of those who travelled together to San Francisco, she is asked to forward them to Mrs. Edith Baldwin Lockwood, Granby, Conn., who has volunteered to make the arrangements.

It occurs to us that an informal meeting of the pioneers in nursing work in this country would be wonderfully interesting, say those who were at work or in training during the ten years following the establishment of the first training school here.

The Jubilee sessions are to be held at Teachers' College, and those who have so faithfully contributed to the course in Hospital Economics will have the opportunity, perhaps for the first time, to see the setting of this course which their efforts have helped to maintain.

THE HYGIENE OF MENSTRUATION

By MARION CRAIG POTTER, M.D.

(This article has been prepared in answer to a letter of inquiry from a JOURNAL reader asking for information in regard to the care a woman should give herself during the menstrual period.—ED.)

THERE are many theories in regard to the activities of the uterus during menstruation, but none that are really satisfactory. The etiology of this function is at present a subject of such difference of opinion among members of the medical profession that it seems wiser not to discuss it here. Observers seem to agree, however, that there is an elevation of blood-pressure, that the pelvic organs become congested and enlarged; the uterine tissue softened, the endometrium thickened, the epithelium swollen, the blood-vessels engorged with blood, and later the pressure is so great that the blood is forced out into the tissues, either by rupture of the capillary walls or by diapedesis. The blood extravasates into the tissues and, following the lines of least resistance, is forced into the gland tubules and between the surface epithelium directly into the uterine cavity.

The physiological life of a woman naturally divides itself into five periods: infancy, puberty, maturity, the menopause, and senility. These transition periods are characterized by changes in the generative system, and in the menstrual function, and are times of marked stress in a woman's existence.

During infancy, although developmental changes are going on, the reproductive organs are functionally dormant. At puberty, which occurs in this climate about the age of fourteen, ovulation and menstruation occur, and a general rotundity of the figure takes place, with distinct enlargement of the pelvis. We have at this time over-stimulation of the emotional nature as well as marked psychic manifestations, due to the mental strain coincident with the evolution from childhood to womanhood. The growing girl may also have to contend with the distress of a genuine pelvic disorder and its reflex neuroses.

Maturity is the time between puberty and the menopause, and is a period of relative good health, barring the discomforts and accidents of pregnancy and lactation.

The menopause occurs between the ages of forty and fifty and is marked by vasomotor disturbances and general depression. These symptoms are often increased and prolonged by menorrhagia and metror-

rhagia. Hemorrhages at this time should not be treated slightly as "simply the change of life." They are often due to hemorrhagic endometritis, fibroid tumors, or malignant troubles, and are coincident with the menopause rather than a part of it.

Senility is the reverse of infancy, atrophic rather than developmental changes occur in the generative system, and the mental and physical powers are on the wane. It should be a period of comparative repose.

It is estimated that about 50 per cent. of women mature normally, the menstruation is moderate and free from discomfort, and the person's activities are in no way handicapped. Of those remaining who are not normal, but suffer in varying degrees from simple discomfort to agonies of pain, the large majority are simply languid and depressed, below par mentally and physically, and suffer from general malaise, with congestion of the skin, dull complexion and dark rings about the eyes; in singers the voice is often impaired due to muscular and nervous enervation. The head may be hot and throbbing, the feet cold, and the person suffer from heaviness and discomfort rather than a localized pain. The remainder suffer from acute dysmenorrhœa, and are absolutely incapacitated by the pain from pursuing their ordinary avocations at the menstrual period.

It seems necessary, in discussing this question of care for women during menstruation, to speak separately of the above three classes of cases.

To the stress of puberty may be laid a long list of symptoms that interfere greatly with the health and comfort of the woman, and which are often the remote cause of painful and tedious uterine troubles.

The women who suffer from severe dysmenorrhœa usually have pain from the very first menstrual period, and are irregular and late in maturing, the first period often not occurring until the age of seventeen or eighteen, showing that the general health is not up to standard. This group of patients are tortured by pain and nausea and are compelled to give up. Although there are various conditions that produce dysmenorrhœa, the majority are due to a flexion of the uterus, caused by lack of normal development from preceding malnutrition. The exanthemata, tubercular lesions of glands and bone, chorea, and other rheumatic disorders, eyestrain, adenoids, anæmia, and the many diseases prevalent at the premenstrual period, contribute to undermine the health of the girl and by arresting development bring about morbid changes. We are all familiar with the imperfect development of the teeth when a serious illness has preceded their eruption in second dentition. We are also familiar

with the countenance of the mouth-breather, due to interference with proper drainage of the normal secretions through the nostrils. In rhachitis we have malnutrition affecting the bony framework of the body, and a dwarfed condition may follow. Even the laity recognize the clubbed fingers of pulmonary troubles, and the curved finger-nails due to malnutrition and to interference with the circulation from various causes, as heart lesions, anæmia, and chronic diseases.

If, by long-continued congestion of the peripheral veins of the hands, the ends of the fingers become bulbous and the finger-nails curved, either longitudinally or horizontally, how reasonable that the uterus, which is small and plastic in infancy, and richly supplied with blood-vessels and lymphatics, and so sensitive to congestion, should share in this venous stasis, and its normal position be affected by this change in contour due to interference in its circulation.

In many cases of ante flexion, the finger-nails are curved. This seems more than a coincidence, for often in these cases a severe illness can be traced back to childhood, which accounts for the curvature of the nails, and, from my standpoint, the same perverted nutrition caused the flexion of the uterus.

It has been my observation that women patients suffering from a heart lesion, dating back to childhood, have curved finger-nails and flexion of the uterus.

These cases are emphasized to attract attention to the necessity of giving proper care to the health of the growing child, especially trying to build up the constitution quickly if diseased conditions occur. If preventive measures have failed, and the child at puberty suffers from severe dysmenorrhœa that recurs at each menstrual period, we may feel confident, with few exceptions, it is due to a mechanical obstruction from a flexion of the uterus, due to malnutrition or some congenital deformity.

Although medicine, rest, heat, and hygienic measures may do much to alleviate the distress of dysmenorrhœa, they will not cure it. Although the person for a time may only feel troubled by the recurrent paroxysmal pain, like all cases of obstruction to proper drainage there are bound to be remote deleterious effects beside pain, if the condition is not corrected.

In the past, advice has been against the examination of young girls, but now the train of symptoms in flexion is so well recognized and the far-reaching deleterious effects of obstructive conditions so well understood, that physicians, as well as the public, need to be re-educated in this matter.

Gynæcologists advise, in cases of severe dysmenorrhœa, that the

examination of young girls should be made under an anæsthetic, with provision made for minor operative measures, as dilatation and curettage. At an early age response to remedial measures for straightening the bent canal are more satisfactory whether by treatment or by surgical measures, for they not only cure the discomfort but, by establishing proper drainage through the generative system, prevent the establishment of a "vicious cycle," which is sure to follow interference with proper drainage of the pelvic organs, viz.: endocervicitis, cervicitis, endometritis with hemorrhagic tendency, metritis, also purulent leucorrhœa due to bacteriological infection of the retained alkaline secretion of the uterus, and possibly diseases of the tubes and ovaries. As a result of this symptom complex, sterility often ensues. From the standpoint of preventive treatment of sterility, if from no other, we should create a sentiment for early treatment of girls suffering from severe dysmenorrhœa.

We will next consider the large percentage of women who have no actual pathological condition of the uterus, yet are cast down each menstrual period and incapacitated to a more or less degree. We might almost say that they suffer from an excess of the normal symptoms of the menstrual molimen.

In some cases a genuine toxin seems to develop and poisons the person. Some cases have epileptic seizures at this time, others suffer from migraine or various neuralgias, but the vast majority simply suffer from extreme languor, dulness of intellect, weariness, lack of nerve force, and inability to concentrate their efforts. There may be turgescence of the breasts, cold feet, hot head, pelvic fulness and discomfort, irritability of bowels and bladder, weight in pelvis and back, especially the day preceding menstruation.

Unless these symptoms are due to excessive loss of blood, they demand the treatment we give to other cases of autointoxication: elimination, fresh air, moderate exercise, and simple diet.

The bowels are so often loose before a period that it would seem that nature takes the initiative in the matter of elimination. A congested liver often acts as a dam to the blood supply of the pelvic organs, and unloading the portal system will relieve the trouble. Many cases are relieved by a hot bath and a saline at the beginning of menstruation, no doubt due to the elimination through the skin and bowels. The hot bath also equalizes the circulation, thus relieving the cold feet, throbbing head, and hypercongested pelvic organs. The uterus is especially engorged with blood the day preceding the period, and it is well, in cases of recurrent discomfort, for the person the day previous to menstruation, as indicated by symptoms, to cultivate repose of mind and body.

If this hypercongestion of the uterus is not relieved by proper hygienic and remedial measures, the foundation of an actual trouble may be laid. Often from anæmic and run-down conditions there is a profuse flow from lack of proper clotting qualities in the blood, and in the interim general and uterine tonics should be resorted to, the food, clothing, and surroundings should be made as hygienic as possible, and everything done to contribute to the building up of the general health of the girl. Knee-chest exercises should be taken, and great care exercised in proper poise of the body in standing and sitting so as to strengthen the uterine supports.

Acetanilide, in doses of 3 grains, repeated once or twice during menstruation, will often equalize the circulation and relieve the congestion and discomfort.

In regard to the great class of women who feel no ill effects at the time of menstruation, I can do no better than to quote from Howard Kelly:

“The periods of the menstrual flow in the healthy girl require no marked deviation from her normal hygienic habits. Great cleanliness of person and of clothing must be enjoined in opposition to the prevalent idea that bathing and changing underclothing must be avoided. The daily bath must not be intermitted; a cold sponge bath may be substituted for a cold plunge, but there is no necessity for changing the habit of daily bathing, while the underclothing requires more frequent changing than usual.

“The diet should be plain and unstimulating, in other words a diet suitable for a girl at any time may be taken during the menstrual period.

“Excessive exercise should be avoided. Many women take habitually the same amount of exercise, and teachers of physical training who do not suffer from dysmenorrhœa make no difference with their systematic exercise with apparently no ill effects. Some healthy girls habitually rest a day or two at the menstrual period, because they have been taught to do so, but unless there is marked dysmenorrhœa this is not necessary.

“On this question of rest during the menstrual period nothing has been added to our knowledge to vitiate the conclusion drawn by Dr. Mary Putnam Jacobi in 1875 (*‘The Question of Rest for Women during Menstruation’*). She says: ‘There is nothing in the nature of menstruation to imply the necessity or even the desirability of rest for women whose nutrition is really normal. The habit of periodical rest in them might easily become injurious. Many cases of pelvic congestion, developed in healthy but indolent and luxurious women, are often due to no other cause.’

"Girls should not be taught to use a vaginal douche after each menstrual period." Ninety per cent. of the micro-organisms that are abroad are destroyed by the acid secretions of the vagina, but they are not strong enough to destroy the germs of tuberculosis and diphtheria. We have ascending infection of the urinary system, through the urethra up into the bladder, causing tuberculosis of the bladder; through the ureters, causing tuberculosis of the kidneys. We have the same ascending infection through the generative channel, as tuberculosis of the vulva, vagina, and uterus. Kelly says a great deal of what is called endometritis is a genuine tubercular infection. These germs easily find their way into the tubes, and we have tubercular pus tubes. This causes us to realize that the most hygienic underclothing for women should be closed, as the long sweeping skirts easily throw the germs onto the body. This also shows why alkaline douches may be harmful by neutralizing an acid secretion whose function at that portal of the body is to protect from invading germs.

DIET LISTS FOR OBSTETRICAL PATIENTS

I. BY EDITH C. HUNTINGTON, R.N., Tennessee

SOME three or four years ago there was an article in the JOURNAL about diet for obstetrical patients including the first two weeks which I always considered good, but there are two principal things about this diet which I think should be taken into consideration. The first is that the labor may be a long one, and, to prepare for it, it is best to give nothing heavy after labor begins. The patient usually does not care for it, and should not be forced to take anything more than liquids, such as tea, milk, soup. But she should take a large glass of water every two hours, or a half glass every hour. That will give the heart more liquid to lift. If the labor has been long, she should be given only the most easily digested food for two or three days, like milk and nourishing soup, and plenty of water. She may not seem weak, but she will be weak, even though she seems normal in all ways. The lack of plenty of water is the cause of many complications and a more serious illness than would be expected in patients supposed to have the best of care.

The second thing to be considered is that many mothers conceive the idea that their milk is of insufficient quantity or quality to nurse the baby.

(The request of E. L. B., published in the letter department of the February JOURNAL, for obstetrical diet lists, has met with so many interesting and suggestive responses, that not all can be published at once. Others will follow later.—ED.)

To guard against this, I believe that she can take three pints of milk a day, after the second or third day. This would make a good quality of milk from the beginning and is adequate to produce for any mother sufficient milk of good quality. She is not likely to eat much meat in bed, but when she is well and exercising in the open air, plenty of good meat will help to produce good milk. Either in bed or out of bed she can drink a glass of milk with each meal and one between meals and at bed-time, which will make three pints. A raw egg with it between breakfast and dinner, and between dinner and supper is very beneficial. The patient may think the milk causes biliousness, but if the milk is drunk slowly, and if plenty of fruit and water are taken, there is no need of biliousness. If the mothers would persist in three pints of milk a day for a year, I believe it would abolish some of the trouble in their being unable to nurse their babies. I have been successful in having a patient do this for a month, and if it is successful for a month, it should be for a year. No tea or coffee should be drunk while the mother is nursing the baby. I know a physician who says that he can take any mother in ordinary health at the beginning of lactation, and by giving good meat and milk and out-door exercise produce plenty of milk of good quality for the babe.

I sometimes learn of old-fashioned notions which contain a germ of truth. Recently a mother told my obstetrical patient that if she did not chew her food well, the milk would pass through the babe "whole." The mother was in the habit of swallowing her food in large mouthfuls, and I was trying to help her overcome this habit. When she was careless, I noticed that the babe's stools contained partially digested milk, and that the character of them was much better if she masticated her food well.

II. BY BETTY CHODOWSKI, R.N., Philadelphia

THE following diet list is for an obstetrical patient having a normal temperature and no perineal suturing. I also take it for granted that the patient enjoys normal digestion.

First and second days. 8 oz. of either milk, strained oatmeal, or barley milk gruel, every three hours.

Third day. Breakfast: Oatmeal gruel, 1 cup of coffee (half milk), small piece of buttered toast. Lunch, 10.30 A.M.: This always consists of milk with crackers, junket with zweibach, or lady fingers, or malted milk, if preferred. Dinner: Cracker soup, cup of weak tea with milk. Supper: Farina gruel.

Fourth day. Breakfast: Boiled oatmeal with cream, cup coffee, toast. Dinner: Oyster stew (strained), crackers. Supper: Milk toast, tea or coffee.

Fifth day. Breakfast: Orange juice, farina with cream, coffee, toast. Dinner: Beef broth with rice, baked apple. Supper: Poached egg on toast, milk.

Sixth day. Breakfast: Orange or grape fruit, oatmeal and cream, soft boiled or steamed egg, coffee, toast. Dinner: Chicken broth, broiled chicken, apple sauce. Supper: Milk toast, stewed prunes.

Seventh day. Breakfast: Fruit, cereal, egg, coffee, toast. Dinner: Beef tea, broiled steak, baked potato, baked apple. Supper: Celery soup, poached egg on toast, tea.

Eighth day. Breakfast: Grape fruit, force with cream, steamed egg, coffee. Dinner: Pea soup (strained), two lamb chops, broiled, apple sauce or grapes. Supper: Rice, well boiled, with milk, stewed prunes.

Ninth day. Breakfast as before. Dinner: Barley soup, stewed chicken, baked potato, baked apple. Supper: Egg custard, cocoa, toast or bread, stewed fruit.

Tenth day. Dinner: Mutton broth, broiled Hamburg steak, sliced oranges. Supper: Panned oysters on toast, coffee.

Following days, dishes given above may be chosen, also such desserts as floating island, blanc mange, chocolate pudding, and some fruit dishes as sliced banana with orange, stewed strawberries or raspberries, when in season. I have not found these dishes unsuitable because of giving the baby colic. I have also given sliced tomatoes, stewed tomatoes, and raw celery, but not when the mother has a predisposition to acidity.

III. BY GRACE HOLMES, R.N., Wisconsin

IN planning the dietary for an obstetrical case it should be remembered that after the first few days the patient differs very slightly from a well person.

At first she is more or less fatigued from the labor and her digestion is impaired only as it would be from fatigue produced by any other unusual exertion. The digestive system *as such* is in no way involved. We are, however, never quite sure that a case is normal until after the third day, consequently a carefully selected light diet is a safe middle course.

In my judgment liquids (excepting water, which I would give freely at all times) should not be crowded the first few days.

Milk will appear in the breasts in due course of time without our interference, and by the old method of rushing frantically to the soup kettle and the teapot I believe we but contribute to the oftentimes distressing over-production of milk which has kept so many of us on our knees for weary hours, gently drawing off the soup and tea with a breast pump.

After the flow of milk is established the supply of liquids should be regulated as indicated. Where it is necessary to push it, I think it is better to give milk, broths, or gruels in the interval between meals rather than to give too much liquid with the meals, which latter method but dilutes the digestive juices and upsets digestion generally.

On the fourth day, if the case is normal, I begin a general diet, eliminating only such things as should not be given to any patient unable to exercise, *e.g.*, hot bread-stuffs, pies, pancakes, etc.

The diet should include as many laxative foods as possible as there is almost invariably a tendency to constipation. Sour things and tart fruits need not be excluded so long as the patient digests them. Generally speaking, the baby will have colic only from such things as the mother fails to digest.

The menus herewith submitted are designed for a patient of moderate means, and—an item of no small importance in most families—may, with slight additions or subtractions, be made to serve as the general family menus for the fortnight.

First day. Breakfast: Hot milk (not boiled) 6 oz.; repeat 10 A.M. Dinner: Slice milk toast, grape juice. Supper: Oatmeal crackers and milk, two or three figs.

Second day. Breakfast: An orange, cornmeal mush and cream, bread and butter, cocoa. Dinner: Small bowl soup and crackers, soft egg on toast, grape juice. Supper: Cream of wheat with cream, graham bread and butter, milk or cocoa.

Third day. Breakfast: Stewed prunes, oatmeal and cream, dry toast and butter, hot milk. Dinner: Beef broth with rice, poached egg, bread and butter, sliced orange, grape juice. Supper: Graham bread and butter, apple sauce, cocoa, figs.

Fourth day. Breakfast: Baked apple, Ralston breakfast food and cream, toast, bacon, cocoa or hot milk. Dinner: Lentil soup, broiled lamb chop, baked potato, bread and butter, gelatine with cream, grape juice. Supper: Popped corn with cream, graham bread and butter, fresh fruit, cup tea or cocoa.

Fifth day. Breakfast: Figs, oatmeal and cream, soft egg on toast, one cup coffee. Dinner: Beef broth with tapioca, small portion rare roast beef, mashed potatoes, milk, sliced orange. Supper: Oyster stew with crackers, graham bread and butter, baked apple, tea.

Sixth day. Breakfast: Raw apple, hominy and cream, toast, honey, coffee. Dinner: Cream of potato soup, broiled chicken, creamed potatoes, peas, jelly, tapioca pudding, milk. Supper: Oatmeal crackers and milk, stewed prunes, bread and butter, tea.

Seventh day. Breakfast: Figs, cornmeal mush and cream, toast, bacon, coffee. Dinner: Chicken broth, broiled beefsteak, baked potato, escalloped tomatoes, ice cream, grape juice. Supper: Poached egg on toast, graham crackers, sliced orange, cup tea or cocoa.

Eighth day. Breakfast: Stewed prunes, Ralston breakfast food and cream, a raw egg with grape juice, toast, cocoa or coffee. Dinner: Split pea soup, broiled lamb chop, boiled potato, corn, jelly, white mountain pudding, milk. Supper: Popped corn and milk, graham bread and butter, canned fruit, cocoa.

Ninth day. Breakfast: Baked apple, cream of wheat with cream, plain omelet, toast, coffee. Dinner: Cream of tomato soup, rare roast beef, baked potato, string beans, pickles, lemon gelatine, grape juice. Supper: Steamed rice with cream, bread and jelly, or honey, figs, cocoa.

Tenth day. Breakfast: An orange, cream of wheat cooked with dates and served with cream, toast, soft boiled egg, coffee. Dinner: Cream of celery soup, roast mutton, mashed potatoes, boiled beets, baked custard, grape juice. Supper: Oyster stew, whole wheat bread, strawberries (canned or fresh), tea or cocoa.

IV. BY EMMA E. KOCH, R.N., Chicago

No doubt the JOURNAL will receive many complete diet lists for the two first weeks of the parturient woman. Allow me to add a point in connection, the importance of which many nurses do not seem to know. If the labor is long and protracted, the patient in her anxiety forgets that she needs nourishment. She may be asked to take some, but refuses, and in consequence weakens, sometimes almost to the extent of exhaustion. This can, and should be avoided. If she refuses solids, urge the liquids, at regular intervals and in small quantities. Should operative interference be probable, then discretion must be used, however.

Cheerfulness, nourishment, and skilled nursing are three very important factors in the lying-in chamber as well as later on, the liberal use of which should assure the woman that the trying ordeal is a perfectly normal process, and that there is naught to fear or dread.

Almost immediately after the labor, she may have a cup of hot milk and well-toasted bread, or toasted cracker.

I would like to emphasize another point. In feeding the parturient, during the lying-in period, care should be exercised in serving food in small portions. There is great danger of overfilling the stomach by too copious feeding at this time, often causing all sorts of disturbances and sometimes rise of temperature. It is better to feed often at regularly stated intervals, and in small amounts, the first ten days.

THE IDEAL NURSE

By REBECCA H. McNEILL, R.N.

Graduate of New York City Training School

AMONG the various occupations followed by women of the present day, there is not one that appeals more to woman's instincts than that of nursing. It demands, possibly, less heroic strength than patient attention to detail and an ability to preserve a high moral, mental, and physical standard. Three qualifications are conceded pre-eminently to be desired: first, general culture; second, practical knowledge; and third, theoretical knowledge.

Nursing is an art; a work, not merely a calling; a science auxiliary to the medical profession. We all have our ideals in life. Many of us from want of will power and other human weaknesses fall far below them, but no man or woman, whatever his or her vocation in life may have been, has ever risen above them. Life is very real, and we are to act, not to be "merely speculative"; not to dream, idealize, or theorize over its problems, but to accept our share of responsibility.

Nursing as a woman's special vocation, as a privilege and God-given talent, is not a profession the duties of which may be lightly assumed. It is a grave responsibility, and upon our vigil often depends the issues of life and death. Unless a nurse is prepared for a life of untiring effort and disappointments, discomforts or deprivations, countless sacrifices of time, talent, and inclination, unless, indeed, able to suppress her own heartaches and to give herself bravely and brightly to the work with patience, enduring all things, and with faith, hoping all things, I would beg of her to hesitate before choosing as her mission in life that of nurse. She must have singleness of purpose, directing all her energies toward the faithful accomplishment of her life's work; be loyal to her doctor, her patient, and herself; having neither eyes nor ears for the misfortunes of others, and saying only those things that she is sure will prove helpful to her patient, remembering that "silence is golden" and that gossip is a major sin.

My ideal is one who has not been hardened by the scenes of suffering through which she has passed. No true nurse ever loses her sympathy, though she must cultivate the art of controlling it; she has the deep sympathy which causes her not only to feel for her patient's woes, but prompts her best efforts to alleviate them. She has the spirit of a surgeon in one of our large cities, who knelt for hours by the mangled form of a

poor boy, exerting all his energy and skill to save his life. The child, surprised at meeting such kindness, looked up and said: "Doctor, why are you trying so hard to save my life when you know that you will never get a cent for it?" The good man replied, "Child, I would rather be the instrument in God's hand of saving life than be the President." Yes, the true nurse is devoted to her work, faithful in all that she does, neither shrinking nor shirking any responsibility that may present itself.

And once again, the ideal nurse should be able to understand the whys and wherefores of her physician's orders, and be able to execute them with judgment. One of the first requirements a physician exacts of a nurse is obedience, but he expects that obedience to go hand in hand with comprehensiveness and judgment. The more thoroughly qualified and the better trained a nurse is, the less she is liable to assume responsibilities which belong to her doctor.

One of the strongest reasons why every woman should study nursing as an accomplishment is, that she may testify of her loyalty and affection to those near and dear to her, for in sickness even more than in health we instinctively turn to the mother or sister for that sweet peace and tranquillity which woman possesses. As a profession, no field has been opened so broadly as this, and in no field will you find such rich rewards for the little sacrifices and loving kindnesses you will have to practice. To lull into a restful sleep a tired brain or soothe a fevered brow into forgetting pain,—how sweet the reward to go no further than the pleasure of doing the mere act.

The life of a nurse to be ideal must be that of a Christian, remembering that, "Inasmuch as ye did it to one of these, ye did it to Me."

THE WORK OF THE NURSING STAFF OF THE BOSTON CONSUMPTIVES' HOSPITAL, OUT-PATIENT DEPARTMENT

By ELISABETH P. UPJOHN

Graduate of St. Luke's Hospital, Utica, N. Y.; Superintendent of Nurses, Boston Consumptives' Hospital, Out-patient Department.

IN giving a sketch of the work of the nursing staff or perhaps more properly called the social service department of the Boston Consumptives' Hospital, it must be remembered that we are little more than two years old and that our story is one of organization and growth rather than that of results achieved.

The Boston Consumptives' Hospital, a distinct city department, is under the management of a board of seven unpaid trustees, appointed by the Mayor. The several departments, including the hospital proper, cottage ward, day camp, out-door school, and out-patient department, are administered by a single executive head (superintendent); the medical work is under the direction of a chief of staff and a corps of assistant physicians.

A uniform system of records is in use in all departments of the hospital. The nursing staff is directly responsible to the executive head.

This paper will deal with only one of these departments, that is, the out-patient or dispensary. This department is centrally situated in the heart of the lodging-house district and is accessible to all car lines.

On September 11, 1907, the out-patient held its first clinic; there were twenty-eight patients present; the systematic duties of the clinic and subsequent surveillance of the home went into effect at once. The work began with two nurses; to-day the staff numbers twenty and a superintendent of nurses.

Being a municipal organization, our territory is limited to the boundaries of the city of Boston, which embrace 42.6 square miles. Suburban work does not come under our jurisdiction. Patients coming to the clinics from the outlying towns are referred to the local antituberculosis societies where they exist, and to the department of social service of the Massachusetts General Hospital when there is no local society, as they maintain a visitor for this special suburban work.

The city is divided into districts, these divisions corresponding to those of the city's ward boundaries. In some cases a district includes more than one city ward. We now have seventeen districts, a nurse being assigned to each. When any district shows a persistent increase over one hundred patients, another nurse is appointed and a new district opened. It is obvious that the districts become smaller as they increase in number.

Branch offices are established in various sections of the city; these afford telephone service, desk room, and a supply closet for the nurse in the district. So far we have found it to the advantage of both parties to have these offices in conjunction with those of the Associated Charities Organization and Settlement Houses.

All nurses are graduates of general hospitals in good standing and are accepted on a three months' probationary training, during which time they receive full salary (seventy-five dollars a month). This probationary period is given to ascertain the fitness and ability of the nurse as a social worker, for often the ablest nurse may lack entirely those qualities essential to field work.

For the greater safe-guarding of the nurses, they are under medical supervision while serving on the staff; and during their first year of duty, which is always the most taxing to the uninitiated, they are subject to a physical examination every three months.

There are seventeen nurses in the field, each in charge of a district; one relieving nurse who does substitute work in the absence of the regular nurse through illness or other emergencies. She also assists in any district when the work is unusually heavy. Another nurse is assigned to special investigation, such as tracing "lost" patients, looking up those discharged, "arrested," or "gone to work," and who after six months have failed to report for re-examination. We are now doing a house-to-house investigation of some of the city's most congested blocks. This investigation, although of value to the department in bringing to light many tuberculosis centres and securing an early examination of those who have unknowingly been exposed to the disease, is not limited to the finding of those suffering from tuberculosis, but covers every detail of tenement sanitation. A report of this investigation will be given to the Boston 1915 Improvement Association for the use of the Committee on Better Housing Conditions.

An assistant office nurse is responsible for the records of the younger nurses, has general supervision of all loan supplies, answers emergency calls sent to the central office when the field nurse cannot be reached, and is generally responsible for giving information to the public regarding case work in absence of the superintendent of the nurses.

The out-patient is opened for clinics four mornings a week, Saturday being reserved for the examination of the children. The very keynote of the dispensary work is solidarity; here the physician, patient, and nurse share a common interest, namely, the welfare of the patient. Medical and social records are filed together. No new case is visited without the nurse first studying carefully the physical condition of the individual; on the other hand, careful consideration is given the social conditions before a final disposition is made of the case.

The training and experience gained at the clinics is considered a very important part of the nurse's work and each in turn has a six months' service.

It is at the clinic that the nurse first comes in contact with the patient, learns and records his personal and family history, gives the primary instructions in the care of sputum, demonstrates the use of paper napkins and the individual drinking cup. She prepares tuberculin, does surgical dressings, and becomes familiar with the tubercle bacillus as shown by the microscope.

At the physical examinations the nurses are given clinical instruction by the examining physician; all examinations are recorded by the nurse at the dictation of the physician.

So long as the treatment of tuberculosis demands idleness on the part of the patient for a long period of time, what is taken out of the family income in the daily wage, and extra expenses added by the enforced treatment, must be patched out more or less (usually less) adequately by aid given charitably, either private or public.

Recognizing the greater efficiency and economy in co-operative work, it is the policy of the department to seek relief for the needy through already existing charitable societies rather than maintain a special relief department for the Consumptives' Hospital. The benefits accrued through this co-operation are of inestimable value to the nurses as well as the patients under consideration.

Milk alone is supplied by the department; this is delivered at the home on the recommendation of the nurse after her initial visit, and is sent only to positive cases of tuberculosis to the limit of two quarts daily per person. We hope that the time may come when this will be given as a preventive measure, especially in the instance of predisposed and underfed children. The cost of supplying this milk in the homes is now between six and seven hundred dollars per month, this expense being met from the general appropriation for maintenance.

Through the interest of private individuals upwards of \$700 have been given for the purchase of a loan equipment for the establishment of the home treatment. It consists of tents, cot beds, reclining chairs, warm outside garments, and awnings of all sorts to enable one's sleeping out of doors. This equipment is loaned on the request of the nurse, the department meeting the expense of transportation, although it is not the property of the hospital proper.

It is not my purpose to give in detail the management of individual cases. All who are at all familiar with the work know how every case becomes a concrete problem, and often greater ingenuity and persistence on the part of the nurse is needed in overcoming prejudice and the danger of contagion to others than in the actual care of the patient himself.

Often a very teasing but important phase of the work, considered from the point of prevention, is the care of children suffering with adenoids and enlarged tonsils. All these cases, although non-tuberculous, are supervised by the nurse until the operation has been accomplished. In every case the parents' consent must be granted, which again often means persuasion used to its limit.

All cases whose diagnosis is "deferred," "suspicious," or "ques-

tionable" are visited by the nurse and receive the same careful instruction in hygiene as the positive cases, and are held on the visiting list until the diagnosis is confirmed.

In this respect we differ from the methods which obtain in Cuba; there no patient is visited in the home until he has been diagnosed as a positive case by the dispensary physician. Our system certainly increases the field work very much and in negative cases may be a useless expenditure of effort; on the other hand, I feel sure that many cases, which on subsequent examination are made positive, would be lost were it not for the interest shown in the individual by the nurse in her home work.

Apart from the out-patient clientele a large number of advanced cases, too ill for dispensary care, are sent to us by private physicians and from many other sources. It is these bedridden cases which offer the nurse an opportunity of serving the public in her double capacity as nurse to the sick and common guardian of the family and community.

The many dangers and disadvantages met in the home treatment of the advanced consumptive are familiar to all, and all agree that the only safe solution is segregation, but until our public demands and our legislation provides this segregation we can do much in giving comfort to the sick, and where there is sufficient intelligence to work upon, reduce the danger of contagion to its minimum.

Acknowledging the conditions of overcrowding and unsanitary housing as among the first causes of tuberculosis, it would be a confession of social ignorance not to make possible a careful and sensible study of every social force influencing the domestic history of all classes.

It is to this end that the department offers to nurses desirous of taking up tuberculosis work every opportunity possible to make themselves proficient in this most important movement, one in which the nurse is so pre-eminently fitted to become a forceful factor. Every Tuesday morning at half after eight the younger nurses meet with the superintendent of nurses for a half hour's talk; the general scheme of work is discussed, special emphasis being given to the methods and detail of work peculiar to our own and other local organizations. Cases of long standing are presented, and suggestions asked as to the best manner of treatment; in this way the nurses gain self-confidence and the benefit of discussing case work with those experienced in it.

A weekly course of lectures has been established, for Thursday afternoons from October to June. These lectures are given by representatives of some of Boston's most active philanthropic and charitable organizations, by physicians, and by the heads of different city and state departments.

A rudimentary knowledge of existing laws of state and municipal health regulations is most necessary to our work. Our co-operation with the sanitary police is most satisfactory, all our notifications for fumigations, the removal of nuisances, or repair of unfit buildings receive the promptest possible attention. All notifications sent to the Health Department are written on postal cards especially adapted to the purpose. Some of the lectures are on the co-operative plan, being given by the social service department of the Massachusetts General Hospital, to which, through the courtesy of the department, we have *entre*. In turn our lectures are not exclusively for our staff nurses, but are open to any outsiders who are sufficiently interested to come.

We also make systematic visits to many of the state and city institutions, finding it greatly to our advantage to be familiar with their administration and scope.

The privilege of taking a special course given by the Boston School for Social Workers is offered to any of the nurses who are qualified for it, in conjunction with their work. The tuition fee is forty dollars and the course requires two three-hour sessions weekly. The weekly conferences of the Associated Charities, open to the nurses, are of great educational value along social lines.

In the past six months we have carried from ten to twelve hundred patients on our visiting lists. With so vast a number under home supervision we can readily offer the graduate nurse an opportunity to do volunteer field work, which we do at her solicitation. Valuable workers are often available through this means.

The Boston Consumptives' Hospital hopes in the near future to establish a definite and efficient post-graduate course for nurses desiring to make a specialty of tuberculosis work. Such a course is becoming more and more a necessity, since the general hospital no longer accepts tuberculous patients.

Will the secretaries of the different alumnae societies of training schools for nurses please send their by-laws and constitutions to M. E. P. Davis, chairman of the Committee of the Pension or Insurance Fund of the Nurses' Associated Alumnae, 1723 G St., N. W., Washington, D. C.

SUGGESTIONS FOR WHAT IS REQUIRED IN BUILDING A NURSES' HOME *

BY AGNES S. WARD, R.N.

Superintendent Metropolitan Training School, Blackwell's Island, New York

WHEN a new nurses' home is under consideration, it is most advisable for the superintendent and others interested to note all requirements. Many of these requirements may be suggested by visiting other modern homes; not infrequently improvements may be made on what is found in these homes.

The first thing to be considered is the number of people to be accommodated, then the amount of money which is available. Where a site must be purchased, the best location possible is advisable, as this is one of many things which will affect the standard of nursing.

The future needs and growth of the institution with which the school is connected must always be considered. Where it is expected that the hospital will be enlarged, a home to which wings can be added seems much better than one where additional stories are planned. A wing can be added with very little disturbance to the home; where a story is added there is not only the discomfort of having the workmen continually passing through the home, but also the noise, which not only prevents the night nurses from sleeping, but in case of serious illness might even be a menace to the life of a patient. If the wings are to be added in the near future it is well to consider having the foundations made when the initial work is being done. This will considerably reduce the expense of the wings.

Where available funds will not permit of desired comforts, the work done should give the essential needs, the comforts coming later. Thus, if it is not possible to have single sleeping-rooms and the desired reception, lounging rooms, etc., the sleeping-rooms should have first consideration.

When a meeting of those interested is called, the architect should be present, and all details gone over and thoroughly understood before he is asked to draw plans or make estimates. When these plans are submitted for consideration they must be gone over with the greatest care, even to the minutest detail, as this is the time to call attention to any changes which may be desired.

* Illustrations of the Metropolitan Training School and of the reception room may be found in the JOURNAL for July, 1909.

The superintendent, or some one especially interested, should carefully watch details as the building progresses. It may be desirable to have changes made, and these may sometimes be brought about before the work is done; however, if there be a contract to have the building done at a certain time, and as any slight change made enables the contractor to break the contract, it may seem best to let the work be finished and have the changes made afterward.

The following suggestions may be helpful. It is pretty generally accepted that nurses who work hard nine or ten hours a day, and spend most of their evenings and hours off duty in study, should have a single room where they will be uninterrupted in their study or rest time. It is well to have the rooms large enough for comfort but too small to ever permit of putting in a second bed; if this precaution is not taken, as the hospital grows the second bed will probably be put in, and the nurses be crowded and uncomfortable perhaps for years. A room 9 x 14½ ft. will be large enough for comfort and will not permit of a second bed. From the above room space a clothes closet 2½ x 5 ft. may be taken; which, fitted with two or three shelves and a good supply of hooks, ought to insure order in the nurse's wardrobe.

A combination wall bookcase and writing desk is a great convenience, as it not only gives the nurse a place to put her books, but it also does away with the spilling of ink on table covers or rugs which occurs more or less frequently where there is no place provided for writing. This desk should be placed where it will have good light and ought to be included in the original plan of the rooms, as plugs should be put in the walls to give support. The window should be placed nearly opposite the door with a transom over the door, so that good ventilation can be secured during the entire twenty-four hours; ventilation should also be planned for the closet. An electric light in the closet, which will light when the door is opened and be extinguished when the door is closed, is most convenient. A window pole should be provided for each room, which can be hung in the closet near the door. The picture moulding, when not put close to the ceiling, should be on a line either with the top of the door or window.

A portion of a floor or wing might be reserved for night nurses. This would mean extra rooms, but the night nurses are so frequently disturbed by noise during the day and become worn out for lack of sleep that the separation would be a decided benefit to all.

In many homes double rooms or dormitories are provided for probationers. It is doubtful whether this is desirable, as the probationer leaves her home, where she probably has had her own room, and the



BEDROOM.

dormitory or uncongenial room-mate may influence her to give up her training.

Each door should be fitted with a key to which is attached a brass tag with number. These keys are always left in the office. In numbering rooms a good plan is to number them by the hundred, one hundred on each floor. A certain number of master keys are supplied for each floor, and four or five grand master keys which are given only to the superintendent, supervising nurse, or matron. The master keys should not fit the doors to linen or supply rooms. These should have distinct keys of their own.

Suites, including sitting-room, bedroom and bath, should be planned for the superintendent and assistant. If the institution is a large one and there are a number of assistants, some of the suites might include two or three bedrooms, with one bath and a sitting-room. These suites might be arranged one on each floor. This will be the most suitable arrangement for the necessary plumbing, and will also have a good disciplinary effect on the nurses.

A large reception room on the ground floor, where the nurses can congregate and entertain their friends, would be quite an adjunct to the home. This should be one of the principal rooms, and as the main entrance would probably lead into it, it would be the one to give the visitor the first impression of the home. Bearing this in mind, a room which would give a real home feeling and a feeling of comfort would be eminently suitable. If the dining-room is on the same floor, a cloak room and lavatory should be conveniently located, so that when the nurses come to meals or have an hour off duty, they do not have to go to their rooms unless they feel so inclined.

(To be continued)

Announcement of a national tuberculosis Sunday to be held on April 24th in 215,000 churches of the United States has been made by the National Association for the Study and Prevention of Tuberculosis. It is planned that tuberculosis sermons shall be preached in all the churches of the country. Literature will be distributed to members of the congregations, and in every way an effort will be made to teach that tuberculosis is a dangerous disease and that it can be prevented and cured.

“THE RIGHTS OF THE BABIES” *

By CAROLINE E. KNIERIEM, R.N.

Graduate St. Barnabas' Hospital, Minneapolis; Boston Floating Hospital Post-Graduate Course; Nurse-in-charge Baby Cottage Hospital, State Public School, Owatonna, Minn.

A POSTCARD greeting once brought me this message: “Shine! for another life may borrow from your lamp a kindly ray.” If I am able to send out even one little glimmer of light, though it be only a reflected ray, I shall feel repaid for this effort and will try not to weary you too much with the coos and cries of my blessed babies.

I am aware that this subject is not a popular one with the majority of nurses. They may see interesting possibilities in one well-kept, properly nourished baby, but the pathetic setting of a group of motherless infants whose only nourishment is supplied by the dear old “moo cow” through the agency of a few spinster nurses whose greatest anxiety is to have everything in use “surgically clean,” even to the baby’s thumb before putting it into his mouth, as babies sometimes will, you know—this does not appeal to the average nurse.

This subject, in itself, may seem somewhat sentimental, but I hope to prove to you who are open to conviction that the work among infants and young children is not all a mere sentiment, but, on the contrary, that it is *very real* and that it has a deeper and more practical side. It is an ever-increasing and most perplexing problem which every true nurse should be ready and willing to meet and help to solve, and whether success or failure crown her efforts in the struggle to prolong the frail little life entrusted to her care, she at least “hath done what she could”—*her duty*.

Some one has said that a woman is far more competent with a baby on her lap. If this be true why should she not be still more competent with thirteen or sixteen babies on her lap?

During my past three years in this work, the experiences and revelations have been many and varied, but the end is not yet. We are still in the kindergarten. The one thing which will help to prevent our growing bitter and resentful is the soul-light in the sixteen pairs of baby eyes looking up into ours, and with mute appeal saying, “We are here,—will *you* help to take care of us?” Then the grateful baby

* Read at the St. Barnabas Alumnæ banquet, June, 1909.



A CORNER OF THE NURSERY.



A GROUP ON THE LAWN.

smile at every gentle touch or care. Do you think you could resist sixteen smiles all at once?

Many of our visitors, in passing through the baby cottage, are impressed with the pathetic side only. The sight of these helpless little ones appeals to their sympathy. Yet how many, do you suppose, would be willing to deny themselves some pleasure to insure the future happiness and comfort of even *one* baby? As they look upon these infants in their happy, contented state, they may commend the work in general, but they have not the slightest conception of the incessant labor and nervous energy required to make this transformation.

A great philosopher once asked, "What's the good of a new-born child?" He may have given less thought to the possibilities of our blessed babes than did his grandmother or even his spinster aunts. As well ask, "What's the good" of a new-born anything? A thought, an idea, a plan,—everything must have a birth, a development, and a destiny. These infants are placed in our hands. We accept them cheerfully and reverently, with the firm conviction that every little child born into the world has a divine right to its existence, no matter what may be its environment or heritage. Our duty is to use every means in our power to sustain and strengthen the little life and to supplement, as far as possible, what has been denied it by its natural parents. Our part is to take care of the growth and development. In due time we send them out into the world to make a place for themselves, leaving the destiny in the hands of the great, wise, and tender Guardian who, Himself, once lay in the humblest cradle.

After you have seen and actually handled these frail little specimens of humanity,—not simply one by one, but by the dozens, group after group,—when you have watched them hour by hour and day by day, looking for even the slightest improvement, you will begin to understand in a measure what an endless task you have before you and what infinite patience and courage must be required to keep you *always* at the post of duty.

You may wonder how we are able to train and discipline so many and at such an early age. Here again we meet with difficulties and discouragements. Criticisms and false impressions must be met and overcome. The nurse is subjected to a regular catechism, but strange to say she never seems to know the correct answer to this list of questions. We *must be* persistent in what we believe to be the right course, and every success gives us new courage to persevere in our efforts. We insist upon regularity in the daily routine of feeding, bathing, rest, and exercise. Some one sarcastically remarked that, "They even have a

regular time each day to nibble their crusts." This occurred a year ago. The *fact* still remains, but *not* the sarcasm, not the author of it.

The hardest and most important factor in the whole problem of baby work is the wet nurse. If you have never had to deal with her you cannot appreciate the infinite tact and patience necessary to keep her in proper condition, mentally, morally, and physically, in order that she may perform the function required of her; to teach her the dignity and sacredness of her position and her relation to the infants who depend upon her for nourishment. You may have your own standard—your own ideal; make it just as high as possible for yourself, but do not be disappointed if all others fail to reach the same high level. In time, however, this, too, becomes one of the most interesting features of the work, and always leads us out to the same practical though pathetic thought,—the baby needs its own mother, and in order to thrive well must have its own natural food.

By the employment of these unfortunate young women we seem to be using one evil to overcome another, yet, if properly directed, both parties may be greatly benefited by the arrangement.

The prevention of infant mortality and infanticide are problems the solution of which will go hand in hand with the warfare upon tuberculosis, venereal diseases, and other social evils, and we, as nurses and the natural reformers among women, should use our influence in helping to create a public sentiment against these evils which will be stronger than any *written* law. We may need to dig deep into the mire at times, but we have only to be true to ourselves and our own womanhood and the clay will fall from our hands, leaving them cleaner and purer than before. Here again the pure light from the baby eyes gives us new courage to go forward and renew our battle for right and justice.

Emerson says: "To believe your own thoughts, to believe that what is true in your own heart is true for all mankind,—this is genius. Speak your latent conviction and it will become the universal sense. For the inmost in due time becomes the outmost."

It may require many little "Davids" to slay with his slingshot the modern "Goliath" who is responsible for these great and terrible evils, but at least we must do what we can to save these little "Davids" while we have them with us and in time they may become our strongest and safest allies.

NURSING IN MISSION STATIONS



(This department has a two-fold purpose,—to keep nurses in this country in touch with the work of missionary nurses, and to put missionary nurses in touch with each other, for an interchange of ideas, questions, and suggestions. All nurses engaged in mission work, of every creed and country, are invited to contribute to its columns.)

AN ASSOCIATION OF TRAINED NURSES IN CHINA

MAUD TRUXTUN HENDERSON, graduate of the Boston City Hospital, writing from Wusih, Kiangsu, under date of December 6, says:

“I am writing to tell you of the step taken by the trained nurses in China in the formation of an association.

“The summer season always brings a number of us together at Kuling, from all parts of China, and the period there is always one of recreation and refreshing for tired bodies, and of renewed inspiration and strength for work through conferences, formal and informal, consultations and discussions.

“The plans for an association have long been in the air, and now it has been formally organized. We call ourselves the Nurses' Association of China, hoping to be, before too long, the Nurses' Association in China. We have come together for the mutual help and inspiration and knowledge that can come to us through an association; and with the deep and earnest purpose of strengthening ourselves for a great work, a large opportunity which is before us presenting many complex and difficult problems. Before us who are here now, and before the many recruits from the homelands to whom we are waiting to extend our welcome, eager that we may share together the great privilege, the great responsibility, noble work has been done by the pioneers who have opened the way, opening hospitals, starting training schools, translating books, and working against odds which we in the new China of to-day will scarcely know. But after all there has been so far only a beginning, and there will be problems for many days to come. There are only a few training schools that require a standard and deserve the name.

“It is only recently that the women of China have been ready to step into this new place of service and discipline, obedience, and trust. Even now only a very few are coming forward, but the leaven of a new public opinion that follows close upon the teaching of our Master is beginning to work.

"By the next post I will try to send a copy of the constitution that we adopted. You will see that the question of standard has been especially before us. We want from the beginning to make it stand for something to be a member of the association; for one reason, in order that a better class of women will be attracted to the profession, and that those who begin their training shall have a definite standard to press forward to; another stimulus to help them face the dreaded question of examinations; and to help them at their post when a wavering will would suggest to them to give up, or that a half training would do.

"We have our plans, too, for a nursing literature. We are all busy women and it must be a step at a time. The editors of the *China Medical Journal*, the organ of the Medical Missionary Association of China and Korea, has offered us space for a nurses' department. We are also planning for a nurses' department in some of the Chinese papers. Our constitution will be printed simultaneously in Chinese and in English, and in English and Chinese papers. We hope that we may arrange exchanges with the home papers.

"With the constitution will come the list of the first officers and their places of graduation. You will see that Mrs. Hart of Anking is our first president.

"We are most anxious to get into close touch with the associations at home and be mutually helped."

ITEMS

The Alaskan Churchman, published quarterly at St. Matthew's Mission, Fairbanks, is an attractively printed paper, interesting all the way through, making the life of the Alaskan missionaries real to the reader, and convincing one of the need of just such work as is being done there. Quotations from it will be given in this department later.

THE latest bulletin issued by the Student Volunteer Movement gives the following list of places where missionary nurses are needed: China, India, Arabia, Africa, Philippines, Porto Rico, Bolivia.

A READER of this department, referring to an item in the January JOURNAL, tells us that Margaret C. Graves, who has gone to Fairbanks, Alaska, is a graduate of the Moses Taylor Hospital, of Scranton, Pa.

FOREIGN DEPARTMENT



IN CHARGE OF

LAVINIA L. DOCK, R.N.

INTERNATIONAL REPORTS SENT TO THE DOWAGER QUEEN OF SWEDEN

THE Councillors of the International Council have had all their reports bound in one volume for presentation to Her Majesty Queen Sophia, Dowager Queen of Sweden, whose interest in nursing sent the splendid delegation of Swedish nurses to the London Congress last summer.

THE FLOODS IN PARIS

EVERYONE who knows Paris even slightly will feel doubly distressed at the terrible disaster that has afflicted the beautiful city. According to the daily papers, the floods have invaded the Salpêtrière Hospital, in which we all feel a special interest on account of the delightful recollections we have of hospitality shown us there within its historic walls, and the new school for nurses which is now a part of it. Many of the patients have had to be carried through the flood to the Boucicault Hospital, and we may be sure that the pupil nurses have all had their share of exciting adventure. Paris has our deepest sympathy and best wishes.

FORCIBLE FEEDING IN ENGLISH PRISONS

THE forcible feeding of women political prisoners in English prisons by the orders of the unspeakably craven late Home Secretary is developing into a national scandal, and touches in different ways both the medical and nursing professions. Even Russia has never resorted to the cowardly form of torture of forcibly feeding resisting prisoners who are neither ill nor insane, and this during a period of three and four months. The medical men attached to the prisons have, of course, had to obey the orders given them by their superiors in the Government; this is self-understood, but the profession is now turning under the attempts of the Government to place the entire responsibility for this procedure, which is rousing the indignation of the whole world, upon the medical officers. *The British Medical Journal* of December 18 has a long editorial dealing with the scandal, and resenting in the plainest terms the attempt to throw all the odium upon the prison physicians. Sir Victor

Horsley, one of the most distinguished medical men in Great Britain, and a champion of the nurses in registration matters, has written a strong protest to the Government against the forcible feeding, calling it the miserable expedient of a weak minister and an outrage on a political offender. He also points out in terms of authority the dangers to health involved. Many prominent physicians have signed the protest. Among the prisoners thus cruelly treated have been several nurses. Miss Wilson, who is a nurse, has protested in *Nursing Notes* against the added insult to injury, in that the taxes of women are applied to the support of a government which applies coercion to women while denying them their right of representation. Aside from all else, it seems as if nurses and physicians might both protest against the degradation of the healing art and of one of its last resorts for the preservation of life, in being used as a brutal method to suppress free speech and the demand for justice.

A WOMAN POLICE OFFICER

FROM Sister Agnes Karll comes a most moving and impressive "human document," the account of the work of a woman who has for a number of years held the official position of assistant to the police in Stuttgart; Sister Henriette Arendt (is she probably, with the title of Sister, a nurse also?), who in a small and neatly bound book of some 115 pages has related, in the simplest and most earnest fashion, entirely without waste of words and with the knowledge and authority of the expert and master of her art, the scope and content of her office as policewoman. She was appointed the first woman police officer in Germany in February, 1903, her post being in Stuttgart. Her duties were to watch over and care for the women prisoners and to follow them up with help and care after their release. The work in general seems to be similar to that of our "probation officers," some of whom, as everyone knows, are women.

A "foreword" by Dr. Naumann makes an earnest plea for the wide extension of such work by women, as officers of the state, and points out the hopeless and wasted character of mere punishment as against reformation. But Sister Henriette dwells upon the need of prevention, and illustrates her point with the saddest of histories. She gives terrible evidence of the misery arising from inheritance, and names the group of the hereditarily handicapped as the largest group among her charges. She considers prostitution in all its phases, with burning words for the hypocrisy and indifference of society, and wonders that women have not long since protested against its organization, that dire insult to all womanhood.

She describes the various ways, all inadequate enough, in which her charges are helped and taught. The book should be widely read and its lessons laid to heart. We must hear from Sister Henriette in Cologne.

PROGRESS IN AUSTRIA

FROM the German nurses' journal we learn that steps are being taken to establish a school for nurses on modern lines in a division of the immense General Hospital at Vienna, under the direction of two of the chiefs, and that applications have been made to the German Nurses' Association to supply the superintendent of nurses, an assistant or home sister, four surgical and four medical head nurses. This is most interesting news, and we shall look eagerly to know the later developments. Might we venture to suggest to the medical chiefs that they let Sister Agnes draw up the rock-bottom principles for the work? They will then not only be sound, but workable, too. May the day of twenty-four hour regular duty and eight hours "bei-dienst" in that vast place soon vanish into the past! Good luck to the new school.

ITEMS

AUSTRALIAN nurses are dealing seriously in their associations with the problem of the care of the middle class, and a system of hourly nursing seems to them to be the way in which it can be best worked out, all things taken into consideration.

THE advance of practical over theoretical instruction is evidenced in the change made by the Royal Victorian Trained Nurses' Association in their conditions for a special certificate for technical fitness to nurses who are preparing for positions as superintendent. The lectures previously given on hospital economics and training-school management are to be replaced by practical work, outlined as follows: Twelve months' post-graduate responsible work as a staff nurse, head nurse, or sister in a recognized training school or registered private hospital or other responsible position or work deemed by the council equivalent thereto; a certificate of cookery from a recognized teacher of cookery, and a certificate of having attended the course of lectures on dietetics arranged by the R.V.T.N.A.; a certificate of four months' practical work under a registered matron in a registered training school of not less than sixty daily occupied beds, the work dealing with the preparation and taking of nurses' classes, supervision of wards and servants, and the selection of same; the linen room and its management, bedding, etc.; the values and prices of all goods for household and surgical uses; taking stock

and balancing at the half-year; and a certificate from the matron that such practical work has been satisfactorily performed, and to pass an examination therein before a board appointed by the council for the purpose; the special nursing certificate of the association in infectious diseases nursing. It is also recommended that candidates obtain some experience in private nursing.

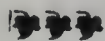
THE French nurses' journal criticizes with deserved severity the new rule of the War Department, making black merino dresses the regulation uniform for the nurses. We suggest that they refuse to wear it. It is too absurd in these days to be dressed according to the aseptic ideas of the year one! What a pity that military officers so often have every kind of sense except common-sense! This fearless and highly ethical journal also takes up seriously another defect of discipline which we need not go into, as American nurses would not understand it. *La Garde-Malade Hospitalière* is like a lighthouse, never failing to point out the right way, and show the reefs and pitfalls in the way of true nursing progress.

THE English nurses have a great many very excellent League journals, and they are all so very prettily gotten up. Every year or so another appears, and it seems a pity that some one of our enterprising alumnae associations should not make a collection of them. The International Council of Nurses' library in London is probably the only place where a complete collection can be found, and some day, no doubt, antiquarians will pay their weight in gold for some of the first numbers.

ALREADY great interest in our next international meeting in Cologne is being expressed in many quarters. An extraordinary and gratifying amount of attention is being shown by the medical fraternity of European countries, and it is probable that we shall be honored by the attendance of many of the most progressive of these medical men. We need not say how welcome they will be.

“Never, never let the nurse forget that she must look for the fault of the nursing as much as for the fault of the disease, in the symptoms of the patient.”—FLORENCE NIGHTINGALE.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE.



IN CHARGE OF
HARRIET FULMER

FAIR COMPENSATION FOR WELFARE WORKERS

By IDA M. CANNON, R.N.

Head Worker, Social Service Department, Massachusetts General Hospital

SEVERAL years ago when I left a short experience in private nursing to take up visiting nursing, I remember my greatest comforts were that I no longer had to make out a bill and that my salary did not come from the people I was serving. The salary was small, I remember, but I was so interested in the work I was engaged to do that I took a little secret pride in ignoring the financial side. I imagine this is not an uncommon experience of visiting nurses.

I was young and vigorous, and not being of a provident nature, I did not realize the seriousness of my inability to save for the future from my very limited income. I did not realize that I was helping to establish the standard of pay for visiting nursing as well as a standard of work. I must confess that according to my present standard for efficient visiting nursing, I probably was paid all I was worth.

It is twelve years since then, and during that time we have seen the rapid development of nursing along social lines. With the opening up of new possibilities for public service we have seen new burdens laid on our profession before we were ready to bear them.

Miss Waters's book brings out very strikingly the fact that, in spite of the higher standards for visiting nursing, the majority of visiting nurses throughout the country are still receiving the standard salary of twelve years ago.

A discussion of standards of wages is a very difficult thing when the service rendered cannot have a definite market value. In professions that demand personal service it is impossible to be arbitrary about them, but it seems to me that a frank discussion of this matter is especially pertinent now, when we are finding ourselves in the possession of a rather precocious offspring whose nature we do not quite understand but whom we are sure has been born to fill a place of unusual responsibility.

In our work at the Massachusetts General Hospital scarcely a day

passes that we do not have letters asking for literature about hospital social service, or visitors who wish to see the work as it is carried on, that they may help to establish it in some other hospital. This is naturally followed by the request for advice about workers to take these positions elsewhere and the question of salaries. Very frequent is the request for a nurse to do tuberculosis or baby hygiene work. Almost invariably they specify the desire for a nurse with social training, the "socialized nurse." We are only one of the innumerable centres for such inquiries and I judge from what I can find out from others in similar positions, our feeling of almost helplessness is not unique.

Those of us who are engaged in medicosocial work are facing a serious responsibility which seems to me to be two-fold: (1) the development and maintenance of a still higher standard of work; (2) the demand for adequate remuneration for service rendered.

The most serious part of the question seems to be the question of securing the women who are equal to the demand of social service. I, for one, painfully realize how impossible it is to live up to the ideals of this new march of nursing—this almost new profession, for it is, I believe, not simply a development of nursing but the coalition of the two professions of nursing and social work.

I have tried unsuccessfully to tabulate the requirements—to make a score card showing in the proper proportions the qualities and training necessary for highest type of medicosocial worker. There are plainly, however, three special elements necessary—personality, medical and social training. The personality should be characterized by intelligence, a love of people, a wise sympathy, open-mindedness, initiative, a spirit of co-operation, and resourcefulness. Supplementary to her medical training the nurse should have social training or experience, which should give her a conception of the ideals of another great profession—that of the social worker.

We all know the difficulty of getting such women, but I do not believe it is impossible. As the demand increases, more and more of our capable women who are now, many of them, taking up hospital work as the only alternative to private nursing, are going to see the fulfillment of their, maybe unconscious, desire for public service in medicosocial work and will prepare themselves for it. The splendid opportunity which the new course at Teachers' College will offer is full of promise.

It is not that I underestimate the seriousness of the underpay of nurses in social work that I speak of this second. It is that I feel the necessity of fulfilling our obligation before we demand its recognition. I appreciate, however, the close interrelation of the two.

One reason for the inadequate salaries in all kinds of social work is, I believe, the fact that social work as a profession is only recently becoming recognized. Twenty-five years ago most of those who were struggling with the problems in the poorer districts of the cities were working as volunteers or semi-volunteers. Social work as a profession is fast developing, but we have not yet passed the semi-volunteer stage. The instinctive desire to be of service, which is very strong in some women, overpowered the objections to small income. In some instances this meant no hardship because of other resources; in others it meant sacrifices all too extravagant.

Those of us who are daily hearing the calls for nurses as social servants and appreciate that the instinct for service cannot alone fit one for efficiency, realize that the new demands for supplementary training must be met by the assurance of a reasonable financial return to those who prepare themselves for this new branch of the profession. It is our responsibility to force upon those managers and persons in authority who desire a high standard of efficiency for the work, the fact that if they are unwilling to pay a salary that will insure proper living conditions and a possibility of saving for the future, they cannot and ought not to expect to get any one but a mediocre person.

It is much easier to demand higher salaries for others than for oneself, but I feel that a responsibility is placed on every nurse who accepts a position in social work. First, of course, she is helping to make the standard of service, and second, she is helping to establish the standard of salary for that service.

I am not in sympathy with the principle that one may accept a salary entirely too low for the service rendered, because she is willing to give of herself. It is placing a money value on personal service which is impossible and yet no account of this is actually made. If a nurse wishes to contribute to the work in which she is interested let her have the privilege of giving that part of her salary which she can afford to give, but do not force it from her by placing a low value on her work.

We are living in a most interesting period of changing standards of work and wage—a period of grave responsibility for us all. Let us consider the rational balance of these two elements without losing sight of our ideals.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

INTRAVENOUS NARCOSIS WITH ETHER AND CHLOROFORM.—The *New York Medical Journal*, in a synopsis of a paper in a German contemporary, says: Burkhardt states that this method is indicated only in cases in which general narcosis would otherwise be used and in which asepsis can be maintained. In such cases the method is of special advantage, (1) in patients whose organs of respiration and circulation are not intact, and in feeble individuals, because the primary irritation of the respiratory organs and the reflex disturbances of the respiration and of the heart are done away with, the blood-pressure is not altered, and overdosage is hardly possible; (2) in operations on the head and neck for the convenience of the operator; (3) in patients who have a marked idiosyncrasy, or a great aversion to the inhalation of the anæsthetic.

DISINFECTION OF ROOMS.—The *New York Medical Journal*, quoting from a German contemporary, says: Hannes recommends the use of formaldehyde produced from a mixture of paradorm powder, potassium permanganate, and water in the proportion 1:2:3 as equally as efficient and cheaper than the gas produced by means of an apparatus.

TUBERCULIN TREATMENT OF DISPENSARY PATIENTS.—In the *Boston Medical and Surgical Journal*, Hawes gives reports of dispensary patients treated with tuberculin at the Massachusetts General Hospital, Boston Consumptives' Hospital, and the Good Samaritan Day Camp: Out of 143 patients with various forms of tuberculosis treated with tuberculin during the past four years, nineteen have died, sixteen have shown no improvement, while 108 have been benefited to a greater or less degree. In no instance have the physicians been able to see that tuberculin has done the slightest harm; reactions have been rare and invariably of a very mild type. In incipient pulmonary tuberculosis, especially in children, tuberculin is a factor in increasing body resistance and in maintaining this resistance so as to prevent relapses. In more advanced pulmonary disease tuberculin will often alleviate distressing symptoms, prolong life, and occasionally help to arrest the process. In localized or "surgical" tuberculosis, tuberculin has a marked beneficial effect.

Its administration should always be combined with hygienic outdoor treatment, and in the vast majority of instances should be subservient to this. Dispensary patients can be treated with tuberculin not only with perfect safety, but with benefit, providing that there is a close personal co-operation between patient and physician.

SOME USES OF OPIUM.—The *Medical Record*, in an abstract of a paper in the *British Medical Journal*, says: Eustace Smith discusses the therapy of opium from the older standpoint, before so many sedative remedies were at the disposal of the physician, and he thinks that we have gone astray in forgetting much old knowledge. For relief of pain it is still to be used, for small doses are stimulating as well as sedative. This stimulating action is well seen in cases of indolent ulcers of the skin and mucosa, and can be turned to account in obstinate sores in cachectic children. The circulation is also stimulated and the resistance of the body to depressing influences is notably increased. To old people mentally depressed, nervous people in presence of some depressing event, children wearing drainage tubes, etc., it is especially grateful. Too large doses should, of course, be avoided, and care should always be taken to fit the dose to the susceptibility of the patient. In old persons with bronchial catarrh and profuse expectoration, it is contraindicated if the skin is livid, lips blue, and chest oppressed, but it can be profitably and safely used if the breathing be easy, skin clear, and cough quite loose. In inflammation of the serous membranes it must be freely given. It may be given to infants. For a child of twelve months $\frac{1}{40}$ gr. morphine may be injected, combined with $\frac{1}{100}$ gr. atropine in cases of spasm, and in half an hour the dose may be repeated if the spasm is not relaxed. When the air-passages are alone affected it is better to use grindelia. Opium is of great value in all forms of loose bowels, useful in cystitis combined with painful spasm at the neck of the bladder. As a hypnotic it is free from the depressing effect of many of its modern substitutes, etc. In eight days the drug will have passed out of the system, and if it is found in the urine (during that period) of habitués who are under treatment, it is safe to assume that they are continuing the drug secretly.

The *Journal of the American Medical Association* for January 29 contains two articles of interest to nurses. First, "Subcutaneous Purgatives," by G. L. Rowntree of Baltimore, in which is described the various efforts made in the past to find a drug which could be used subcutaneously as a purgative with satisfactory results. The one described has an almost unpronounceable name—phenoltetrachlorphthalein. It was tried first in animal experimentation, and after it was proved that the injec-

tions produced no local irritation and that it had no bad systemic effects, it was tried upon a number of patients with encouraging results and a promise of future usefulness. It is not soluble in water but is prepared in oil, which necessitates the administration of a rather large dose. It acts slowly, requiring from eighteen to twenty-four hours to take effect, but the action continues over a period of from five to eight days. There is no abdominal distress but a daily soft evacuation of the bowels. It would seem to be of value for cases of coma, marked gastro-intestinal irritability, at the time of abdominal operations, and for the insane.

Second, "Pasteurization of Milk," by Rowland G. Freeman, M.D., a plea for pasteurization at home of the best certified milk obtainable, for the reason that it is impossible to tell surely that there are no disease germs in even the most carefully handled milk. He states that the old theory that rickets and scurvy were caused by the use of pasteurized milk has not been sustained.

CURRENT LITERATURE OF INTEREST TO NURSES

New York Medical Journal, January 1, "The Effect of Venereal Disease upon the Public Health," Edward L. Keyes, Jr., M.D.; January 8, "The Treatment of Pneumonia with Extract of Leucocytes," Editorial; January 15, "Typhoid Fever," Editorial; January 22, "St. Luke, the Physician," James J. Walsh, M.D. *Medical Record*, January 1, "Radium as Specific in Giant Cell Sarcoma," Robert Abbe, M.D.; January 8, "What may be done to Improve the Hygiene of the City Dwellers," S. Adolphus Knopf, M.D.; January 22, "Reduced Typhoid Mortality," Simon Baruch, M.D. *Journal of the American Medical Association*, January 15, "The Wassermann Reaction in Prostitutes," Editorial; January 22, "Vaccine Therapy," Mark W. Richardson, M.D., "Animal Experimentation and Cancer," James Ewing, M.D., "Jonnesco and Stovaine," Editorial; February 5, "Corn and Pellagra," D. R. Silver, M.D. "A New Sputum Test for Distinguishing Bronchial from Pulmonary Disease," Editorial. *Yale Medical Journal*, January, "Alcohol as a Food," M. M. Scarborough, M.D., "Alcohol as a Poison," T. D. Crothers, M.D., "The Therapeutic Use of Alcohol," Oliver T. Osborne, M.D., "Heredity and Crime, a Study in Eugenics," William H. Carmalt, M.D. *Southern California Practitioner*, "Etiology of the Venereal Plagues and Some Methods of Prevention," W. L. Holt, M.D. *Nurses' Journal of the Pacific Coast*, February, "Pellagra." *The Survey*, January 29, "A Bird's-eye View of the Antituberculosis Campaign," Phil P. Jacobs; February 5, the whole number is devoted to the work of the juvenile courts and should be read in full.

LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

STERILIZING OF UTENSILS—A REPLY FROM ITALY

DEAR EDITOR: In the November number of the JOURNAL, T. M. M. asks to be told of a quick method of sterilizing enamelled utensils.

I am doing pioneer work in this Italian hospital and hardly dare to make a suggestion of any kind, but surely the Italian system of sterilizing such utensils by burning spirits of wine in them is better than using bichloride of mercury, which corrodes.

We move the burning alcohol about so as to reach every part of the utensil just before using, and it does not damage the articles in the least.

Yours sincerely,

GRACE BAXTER, R.N.

January 19, 1910.

Opesdale Gesu è Marie, Naples, Italy.

SOUTHERN HOSPITALITY APPRECIATED

DEAR EDITOR: It is a pleasure and a privilege to thank, through the JOURNAL, the members of the Graduate Nurses' Association of Virginia for the courtesy extended to a stranger in Richmond, and a guest at Hotel Murphy, while their tenth annual convention was being held there.

The meetings and the reception given by the St. Luke's Alumnæ at their beautiful nurses' home will long be remembered. I regret having left before the reception given by the Virginia Alumnæ. The thought comes to me, should these hospitable nurses visit Maine, would we be able to entertain them as royally, having no graduate nurses' association and *no* state registration? Shame upon us!

MISA GERRY,

Trull Hospital, 1907, Biddeford, Me.

AN APPRECIATION

DEAR EDITOR: Just a word in regard to the JOURNAL. I simply could not do without it, it is *fine*, and I feel that every nurse who does not take it makes a great mistake, for she will be a better nurse if she reads this valuable magazine each month. It is an inspiration to higher ideals in nursing, as well as a valuable aid in the real practical work.

E. L. B.

APPRECIATION OF THE PRIVATE DUTY NURSE

DEAR EDITOR: May I express through the JOURNAL my great appreciation of Miss DeWitt's article in the February number on the private duty nurse. I remember hearing a speaker at a mass meeting of nurses in New York City classify private duty as the lowest grade of nursing work.

I have benefited many times by the helping hand of the good Samaritan of Miss DeWitt's article, the private duty nurse, and as I watch them, coming

and going "on their faithful way," I am more and more convinced that it is among the ranks of the private duty nurses that we find the greatest measure of the qualifications of the highest type of nurse—"courage and endurance, womanly dignity, tenderness, and professional skill." B. VANH. S.

BY WAY OF CONTRAST

DEAR EDITOR: I have always enjoyed your magazine, but we are getting too much sliding scale and too much on ideals. No human being could possibly meet the standard, so we will all take for granted we are not good nurses. We are all human and living on earth, not above. A SUBSCRIBER.

PUBLIC APPEARANCE OF NURSES IN UNIFORM

DEAR EDITOR: I have read with much interest your editorial in the February number on the subject of the nurse's uniform, especially the reference to the sale of Red Cross Christmas stamps by nurses in uniform, and the demand for nurses in uniform at public meetings.

In October, 1908, when the Christmas stamp campaign was being planned in New York City, I had some correspondence on that subject with Mr. Hurd, at that time state field agent of the New York State Branch. In a letter dated October 13, 1908, which I received from Mr. Hurd, he said: "I note your protest against the suggestion to garb Christmas stamp saleswomen in Red Cross nurses' uniform. It did not occur to me that there was anything offensive in the proposal. The suggestion comes from the Delaware Branch and I am forwarding a copy of your words both to Miss Bissell of Wilmington, and to the National Headquarters, in order that they may be given due weight. . . . I do agree with you that whatever the merits of the case, the nurses' feelings should be respected. The matter will be given thorough consideration."

I think this letter proves that the nurses themselves are responsible for the publicity which has been given the uniform.

Furthermore, I recall that in April, 1909, when the Red Cross Nurses' Conference was being planned in New York City, the State Committee on Red Cross Nursing Service sent a communication to all the superintendents of training schools for nurses in New York City and Brooklyn, inviting them to send pupil nurses in school uniform to act as ushers. The number of schools represented in uniform at the Waldorf Astoria on that occasion would lead one to suppose that the superintendents of training schools did not disapprove of this custom. On the other hand, I remember that the question of requiring the enrolled nurses to appear in uniform was dropped by the committee as it was thought probable that if such a ruling was enforced the enrolled nurses would not attend the meeting. I think this demonstrated the willingness of the Red Cross to respect the nurses' feelings in the matter.

Yours truly,

BEATRICE STEVENSON.

HOTEL LIFE OF NURSES

DEAR EDITOR: If a doctor were staying at a hotel with his patient, would any one ever expect him to eat his meals with the hotel employees and the maids of the hotel guests?

This is expected of nurses; and, moreover, nurses do it—nurses who are graduates of good schools and in good standing with their *alumnæ*. To my knowledge, a nurse who had a case in an apartment hotel was told by her patient that she might go to the main dining-room or to the maid's dining-room just as she chose. She elected to go to the maid's dining-room, with the attendants, waitresses, firemen, and engineer.

I have had three reasons given me for this practice: one, that it can't be helped; two, that if a nurse does so, she can keep the case longer, as the expenses will be less for the patient; three, that if the nurse is unwilling to go to the maid's dining-room the patient will speedily get an attendant who does not object.

Sometimes (though I am thankful to say not often) it is the doctor's fault. I have known a fine city physician to advise the nurse to go to the maid's dining-room and to warn her that, if she were unwilling, he could get plenty of nurses who would do it.

Our leaders are nobly striving to raise the art of nursing to a professional basis, yet the majority of the community still regard it as upper class domestic service. That this is so is, I think, in an appreciable degree our own fault. I would like to know what others think on this subject.

SUSAN B. JOHNSON.

REGARDING SILVER CITY

DEAR EDITOR: Your letter of inquiry asking for definite addresses in Silver City to which inquiries as to the need of nurses could be sent has not been answered before, as I did not have the names of the Silver City physicians until now. You may refer to any of these: Dr. O. G. Westlake, Dr. F. P. Whitehill, Dr. G. K. Angle, Dr. N. McLake, Silver City, New Mexico, or Dr. S. S. Peters, Sunnyside Sanatorium, Dr. E. E. Bullock, New Mexico Cottage Sanatorium.

I am hoping some good nurse or nurses will go to this place, as I have heard some very pathetic stories of the difficulties the people have when they need nursing. The operative cases usually come to this hospital or go to Denver. We also have had several obstetrical cases come here because they could not get a nurse. Six hundred miles is a long way to have to travel when you are sick.

LAURA A. BEECROFT.

Minnequa Hospital, Pueblo, Col.

"HOW TO BECOME A TRAINED NURSE"

DEAR EDITOR: Will you kindly allow me to add a word in support of Miss Pindell's statement in the January JOURNAL in regard to the value to the nursing profession of the book entitled "How to Become a Trained Nurse." I have found the publication in question of the greatest use to me in my work of selecting nurses for examination for the naval service. Reference to it frequently furnishes me with information which would otherwise require much tedious correspondence to obtain and I regret to hear that the publisher is experiencing such difficulty in securing the necessary data for the revised edition of the book.

It may not be amiss to mention another instance that has recently come to my knowledge in regard to the difficulty of obtaining information of this character. Over a year ago I went in person to the United States Bureau of Education in Washington to request a copy of the report of the Commissioner of Education

upon the "Nurse Training Schools" of the country. The last report was published in 1906 and the next one was due in 1909. The head of the Bureau told me that this later one (then being compiled) would not contain the usual chapter on nurse training schools for the reason that the Bureau had experienced such difficulty in time past in obtaining the necessary information from hospitals and schools that it had decided to omit statistics of this nature from future reports.

This appears to me to be particularly unfortunate, occurring as it does at the very time when we are so earnestly striving to place the training of nurses upon a purely educational basis, and it is for this reason that I am bringing it to the attention of the profession.

Very respectfully,

ESTHER V. HASSON,
Superintendent Nurse Corps, United States Navy.

DIFFERENCE IN NURSING METHODS IN DIFFERENT LOCALITIES

DEAR EDITOR: As nursing is now considered a science and is taught universally, one would think its practice would be similar in different localities, but this is not so. While the object is in all places the same, the methods of obtaining the end vary greatly.

To one who has been accustomed to the effective system of the large New England hospitals, those of the west present a striking contrast. This might be explained by the fact that our eastern institutions are better established, while those of the west have attained their prominence within the last few years and through physicians who have gained their position in the medical profession by their characteristic ambition and ability.

Generally speaking, the hospitals of the west have exceptionally fine buildings, with good location, sanitation, etc. Money seems not to have been an object in fitting operating rooms, sterilizing appliances, and the many other departments without which the modern hospital is considered incomplete. This apparent extravagance often seems appalling. The nature of the work done is quite similar and the results equally good; but this is accomplished with much less labor and confusion in the east.

As a rule, the physicians of the west are more progressive and scientific, which is to be admired, yet extremes are never good. For instance: preparations discussed or read of one day are put in practice the following. This, of course, does not tend to a very smooth system in an operating room where assistants and nurses are at the disadvantage of not knowing just what may be required on this special occasion. Their progress seems too rapid to develop that system so necessary to any hospital.

Work which in many places is performed by two or three nurses, would in a case like the above require six or eight, while an operating room appears to be the nucleus of all the unemployed in the hospital. The fact that the more assistants and nurses who come in contact with the operation increase the liability of infection seems not to have been taken into consideration. Much help is also required to prepare different instruments and appliances, the necessity of which was not apparent at the offstart.

In fact, the hustle and bustle, so characteristic of the west, appear to have penetrated even the hospitals, the prevalent idea being that no patient can be

properly cared for without the services of a special nurse, no matter how trivial the operation, which, of course, is financially beneficial to the hospital, and especially so where there is a large training school which is the case with the average hospital.

It might also be mentioned that the nurses in general do not seem so well disciplined or orderly in the execution of their work. Their intentions, however, are the best and they are most self-sacrificing, which, with their sympathy, usually counter-balances all other deficiencies, both in the estimation of the doctors and of the patients.

In one of the large western hospitals not long since, the nurses of the training school took exception to the head nurse for some cause, either real or imaginary, and demanded that she be removed from the hospital. Interesting to relate, their judgment was accepted, in view of the fact that all the nurses would resign from the training school. In a very short time her successor met a similar fate. How it was finally settled is not known, but all the training schools of that city suffered.

For nurses who are good organizers and strict disciplinarians the west offers a broad field of labor, but those who enter this field with the idea of possessing superior knowledge will be quite disillusioned. It is a peculiar fact that the management and doctors of these hospitals realize the absence of some important factor, but rarely know what it is. Nurses from the east who take up the work find it rather difficult at first, for even though they receive the assurance of support from all concerned, the position is a delicate one. It were well not to be too ambitious or over-zealous in our endeavors, at first, for time and tact, which dispel all difficulties, and concentration of purpose, will, in the natural course of events, be rewarded.

EXPERIENCED.

Medical science has spent many years and much labor in the vain effort to discover a parasite of cancer. Even recently it has been feared that cancer patients were a menace to their neighbors, and that the houses of cancer victims should be burned. But the experimental study of tumors has greatly strengthened the view that cancer is not a contagious disease, that its exciting cause cannot be a readily transmissible parasite, and that the long-looked-for cancer parasite is the cancer cell. The field of research has, therefore, been narrowly defined, and it is not likely that the enthusiastic search for a specific cancer parasite will soon again assume the dominant position it once occupied.—JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL

THE SUPERINTENDENTS' SOCIETY

THE SIXTEENTH ANNUAL MEETING OF THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES will be held in New York the third week in May, beginning on Monday the 16th. The sessions on Monday and that on Tuesday morning will be held in the Academy of Medicine in Forty-third Street, familiar to members of the society as the place where many former meetings have been held.

The programme is not yet completed in detail, but papers are announced on the following subjects: "The Duties of the Ward Supervisors," "The Graduate Nurses Versus the Undergraduate Head Nurse," "Nursing in Contagious Diseases," "Student Government in Training Schools for Nurses." New papers are being arranged for, and there will be a discussion on the matter of forming local societies of training-school superintendents. The reports of the various committees appointed last year will be presented.

The session on Tuesday afternoon, the 17th, will be held in one of the halls at Teachers' College, and will be devoted entirely to occupations for invalids. Papers are promised from Dr. Hale of Marblehead, Miss Tracy of Jamaica Plain, Miss Lathrop of Chicago, and others on this important subject. An exhibit of occupations and of work done by patients will be placed in the Educational Museum of the college.

On the afternoon of Wednesday, the 18th, the two societies will unite in the exercises which are being arranged to celebrate the fiftieth anniversary of the founding of the first training school for nurses by Florence Nightingale at St. Thomas Hospital, London. The commemoration exercises will also be held in one of the halls of the college, and the two committees of arrangements, that of the Superintendents' Society and of the Associated Alumnae, are making every effort to ensure a fitting celebration of so important an event in history. An exhibit is being arranged which will show portraits and bust of Miss Nightingale, her complete writings, and some autograph letters. A very interesting programme is being prepared and it will be given with further details in the next issue of the JOURNAL.

The Committee of Arrangements consists of Miss Annie W. Goodrich, Bellevue and Allied Hospitals, chairman; Mrs. C. E. Bath, superintendent of nurses, St. Luke's Hospital; Miss G. Henderson, superintendent of nurses, the New York Hospital; Miss Martha M. Russell, superintendent, the Sloane Maternity; Miss Nancy C. Cadmus, superintendent, the Manhattan Maternity; Miss Mary A. Samuel, superintendent of nurses, Roosevelt Hospital; Miss Anne Van Kirk, superintendent of nurses, Mt. Sinai Hospital.

A PROPOSED EXHIBIT OF OCCUPATIONS FOR INVALIDS

AT THE TIME OF THE ANNUAL MEETING of the American Society of Superintendents of Training Schools to be held in New York City next May, it is pro-

posed to hold an exhibit illustrating some of the methods devised by Miss Susan Tracy to provide occupation for invalids. Dr. Hall, of Marblehead, Mass., has kindly promised a contribution of the same nature in suggestions for the insane. It is also hoped that a small exhibit may be arranged in commemoration of the fiftieth anniversary of the first training school founded at St. Thomas Hospital, London, England, by Miss Florence Nightingale; and also of such reports, sketches, portraits, literature, etc., in connection with the earlier schools in this country, as may be of historical and educational interest.

Will any one who may have in her possession any such material or who can give suggestions or information in regard to such, kindly communicate with the chairman of the exhibit committee.

MARY A. SAMUEL,
Roosevelt Hospital, New York City.

THIRTEENTH ANNUAL CONVENTION OF THE NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES

THE THIRTEENTH ANNUAL MEETING of the Nurses' Associated Alumnae of the United States will be held in New York, N. Y., May 18, 19, and 20, 1910. The morning session of the 18th will be at the Park Avenue Hotel, the afternoon will be a federated meeting of the Society of Superintendents of Training Schools for Nurses and the Associated Alumnae of the United States, at one of the halls of Teachers' College.

The meetings of the 19th and 20th will be held in Mendelssohn Hall, 113 West 40th Street, New York City.

Registration

Associations sending more than one delegate each year are requested to return at least *one* former delegate, thus insuring greater familiarity with the business and topics under discussion.

On Wednesday morning, May 18, the secretary and treasurer will be at the Park Avenue Hotel to receive dues and register delegates, permanent members, and visitors.

Dues

The annual dues for state, county and city associations are five dollars each. The annual dues for alumnae associations are ten cents per capita.

Delegates should carry with them checks or New York drafts for the amount of their associations' dues, made payable to Anna Davids, treasurer. No association which is in arrears for dues is entitled to register a delegate.

Associations that are *not* sending any delegates this year should pay their dues by mail, addressing them to Miss Anna Davids, 128 Pacific Street, Brooklyn, New York.

Delegates' Cards

A delegate's card will be sent each association. *This card is the credential for your delegate, and no other kind of credential will be accepted.*

This card should be carefully filled out, signed with *your secretary's name and address*, presented to the treasurer when dues are paid, and *left with the secretary* when registering.

Each *alumnæ* association holding a membership in the Nurses' Associated *Alumnæ* has the privilege of sending one delegate for every fifty of its members, and one delegate for every additional fraction of more than half that number.

Each state, county and city association affiliated is entitled to *one* delegate *only*.

Proxies

A delegate who is a member of both a state and *alumnæ* association may act as delegate for both and cast the vote for both, but no *alumnæ* may send a proxy vote by a delegate of another *alumnæ* association.

SPECIAL NOTE: Please ask your delegate to go prepared to discuss the plans for reorganization, and also instruct her which plan your association favors.

If your association has not already pledged its willingness to contribute to the Purchase Fund for the AMERICAN JOURNAL OF NURSING will you instruct her what amount you are willing to contribute.

It is doubtful if reduced rates can be secured over railroads, but delegates and others are advised to make inquiry at local offices for interchangeable mileage and rates for parties of ten or more, as there is some reduction. Further information will be published as soon as it is secured.

Hotel Accommodations

The Park Avenue Hotel, 32d and 33d Streets, New York, has been selected as headquarters for the Associated *Alumnæ*.

Rates, European plan: single room \$1.50 and upwards; double room \$2.50 and upwards; single room with bath \$3.50; double room with bath \$4.00; room for four, two bedrooms and parlor, \$10.00; for two connecting rooms with bath \$8.00; public bathrooms free.

Hotel Martha Washington, 29 East 29th Street. European plan. Rates: single room \$1.50, \$2.00 and \$3.00; double room, for each person, \$1.00 and \$1.50; suite of two rooms and bath for two persons, \$5.00; \$1.00 extra for each person; bathrooms free.

Hotel St. Denis, Broadway and 9th Street, European plan. Rates: single room \$1.50; double room \$2.00 to \$2.50; rooms with bath \$3.50 to \$4.00; free use of bathrooms.

Martinique, European plan. Rates: single room \$1.50; single room with bath \$2.50; suite for four—two bedrooms, bathroom and parlor, \$10.00.

SUGGESTIONS TO DELEGATES COMING FROM THE WEST

The route suggested is over the Southern Pacific to Ogden, Utah, then Union Pacific to Council Bluffs, and from there the Chicago, Milwaukee and St. Paul to Chicago. The Pennsylvania road from Chicago to New York.

Round trip ticket good for 90 days can be bought over this route on the following dates: May 11, 12, 13, 14, 25, 26, and 27, for \$108.50, and a choice of roads given to return by.

For further information write the following agents: C. H. Miles, 22 Powell Street, San Francisco, Cal.; E. K. Garrison, 130 West 6th Street, Los Angeles, Cal.; C. S. Williams, 106 West 2d Street, Salt Lake City, Utah; S. C. Rhodes, 821 17th Street, Denver, Colo.

The suggestions for Minnesota, Illinois, Indiana, and the South will be given later.

RECOMMENDATIONS FROM THE COMMITTEE OF REORGANIZATION

To the members and affiliated associations of the Nurses' Associated Alumnae of the United States: According to instructions given at the last annual meeting, a committee has been appointed which will present to you proposed plans for reorganization, and requests that in the meantime the following suggestions be considered:

1. Shall we change the name of the association? The following names have been suggested: American Nurses' Association; National Nurses' Association; National Association of Graduate Nurses of the United States; National Association of Nurses of the United States.

2. Meetings: Shall we meet annually or every two years?

3. Organization and membership: Shall it be individual or federate? Federated as at present, consisting of alumnae, state, county and city organizations, with a growing list of permanent or individual members paying dues; or individuals paying dues of \$3.00 a year through their state societies, or directly to the national association?

4. Officers: That in addition to Board of Directors, there be a Council composed of presidents of affiliated state societies.

5. Nominations for office: That names to be placed on the official ticket of nominations shall have at least ten endorsements before being considered by the nominating committee.

6. Shall all business meetings be open to delegates only, or shall they be open as at present to all members, with a right to discuss, but not vote?

7. That the annual dues for any society be not less than \$5.00.

8. That state associations remain affiliated having one vote, or on a basis of membership with votes in proportion.

Societies wishing further information are earnestly requested to correspond with the committee.

ANNIE DAMER, R.N., chairman, Yorktown Heights, N. Y.

GENEVIEVE COOKE, 615 Palisade Ave., Yonkers, N. Y.

KATHARINE DEWITT, 211 Westminster Road, Rochester, N. Y.

MRS. M. L. MOYER, Strafford, Pa.

MARY M. RIDDLE, Newton Hospital, Newton Lower Falls, Mass.

GRACE O'BRIAN, 219½ East North Avenue, Baltimore, Md.

OUTLINE OF PROGRAMME

Thursday, May 19, 9.30 A.M. Call to order; roll call; report of Executive Committee; report of treasurer; report of standing committees, (a) arrangements, (b) publication, (c) eligibility, (d) programme, (e) nominating; address of the president; new business.

2 P.M. Unfinished business; symposium on private duty nurse, Katharine DeWitt presiding: (a) special duty nurse in the institution, Georgiana A. Ross, Baltimore, Md.; (b) the private duty nurse in rural homes, Margaret Pepoon, San Diego, Cal.; (c) missionary nursing, two short addresses by some missionary nurse on furlough and by Dr. Samuel M. Zwemer, missionary candidate secretary, Student Volunteer Movement; discussion; report of inter-state secretary.

Friday, May 20, 9.30 A.M. Unfinished business; reports of special committees, (a) public health, (b) district nursing, (c) tubercular nursing, (d) nursing

of the insane, (e) pension fund, (f) almshouse nursing, (g) revision of constitution and by-laws.

2 P.M. Paper: "Care of the Insane," by Dr. W. Mabon; discussion. Paper: "Ethics," by Miss Helen Scott Hay; discussion. Question box; report of election; adjournment.

The entertainment for the delegates will include a harbor trip for the 21st, ending with tea at the new residence at Bellevue, and it is hoped that all will be able to remain for this interesting feature.

JOURNAL STOCKHOLDERS' MEETING

AT THE ANNUAL MEETING of the stockholders of the AMERICAN JOURNAL OF NURSING Co., held at 14 East 42d Street, New York City, on January 20, 1910, directors for the year were chosen as follows: Sarah E. Sly, Michigan; Mary M. Riddle, Massachusetts; Isabel McIsaac, Michigan; Genevieve Cooke, California; Mary Adelaide Nutting, New York. At the meeting of the directors, held at Teachers' College, on January 21, Miss McIsaac was elected president, and Miss Cooke, secretary. No changes in the business or editorial management are contemplated for the year. GENEVIEVE COOKE, secretary.

ASSOCIATED ALUMNÆ NOTICES

AN OBLIGATION OVERDUE

CONTRIBUTIONS TO THE FUND for the purchase of the AMERICAN JOURNAL OF NURSING have been received by the treasurer of the Associated Alumnæ to the amount of \$1719.50, which with stock promised or in hand, leaves a balance of about \$4000 yet to be raised to purchase the outstanding shares of stock before our national organization actually owns the publication which is its official organ.

To the private duty nurse we wish especially to appeal at this time, and may we count on each individual member of this large group of valued workers to give, not the mite which she was asked to contribute, but a sum which will show what the JOURNAL means to her? This extra endeavor may mean personal sacrifice, but sacrifice for a worthy cause shows personal interest in that cause, and it is real personal interest in the possession and maintenance of our AMERICAN JOURNAL OF NURSING that we long to see expressed by the thousands of private duty nurses.

The year 1910 marks the fiftieth anniversary of the establishment of the first nurse training school by Miss Nightingale at St. Thomas Hospital in London. During these fifty years thousands of training schools have come into existence throughout the world, and many thousand women have received instruction and education in the care of sick and injured human beings. The great majority of these women are in the private duty field.

Many women in the nursing profession have contributed from their store of knowledge and experience to better the education in nursing; they have written text-books that their knowledge gained through years of close application to duty in the great hospital wards may be imparted to the student nurses who go out to reinforce those in private duty.

The number of private duty nurses is not small, and by the nature of their occupation they are more or less cut off from our nursing associations which

create and stimulate interest in nursing progress. Their only means, oftentimes, of keeping in touch with the work of others is through a good nursing periodical. The greatest achievement of nurses in our country has been the establishment of our AMERICAN JOURNAL OF NURSING and maintaining it on a substantial educational basis during the ten years of its growth and development. This, its tenth year, we wish to celebrate fittingly by completing the ownership of the JOURNAL by the Associated Alumnae. This Jubilee, which is to be celebrated, should be marked by the purchase of the outstanding shares of JOURNAL stock, thus expressing our appreciation of the efforts of the founders and the great educational value we recognize in possessing our own JOURNAL.

Let us bend to this work with a will. Send in the money orders and checks with the least possible delay, made payable to the Nurses' Associated Alumnae of the United States, and addressed to the treasurer, or to any other member of the JOURNAL Purchase Fund Committee: Genevieve Cooke, 615 Palisade Avenue, Yonkers, N. Y.; Annie Damer, Yorktown Heights, N. Y.; Sarah H. Cabaniss, 109 North 7th Street, Richmond, Va.; Minnie H. Ahrens, Provident Hospital, Chicago, Ill.; Isabel Hampton Robb, The Haddam, Cleveland, O.; Anna Davids, treasurer, 128 Pacific Street, Brooklyn, N. Y.

CONTRIBUTIONS TO THE JOURNAL PURCHASE FUND TO FEBRUARY 13, 1910

Previously acknowledged	\$1655.50
St. Joseph's Hospital Alumnae Association, St. Paul.....	5.00
Minnesota State Graduate Nurses' Association.....	50.00
Emma Holmes	1.00
Gertrude Montford	1.00
Susan B. Johnson .....	.50
H.	5.00
E. T. Woods	1.00
Evelyn L. Millay .....	.50
	<hr/>
	\$1719.50

ANNA DAVIDS, R.N., Treasurer,
Member of JOURNAL Purchase Fund Committee, 128 Pacific Street,
Brooklyn, N. Y.

CHANGES IN THE ARMY NURSE CORPS SINCE JANUARY 1, 1910

APPOINTMENTS: Katharine W. Cassin, graduate of the Hospital of the Protestant Episcopal Church, Philadelphia, 1906; Estella M. De Turk, of the Pottsville Hospital Training School, Pottsville, Pa., 1908; Mary E. Hunt, of St. Joseph's Hospital, Providence, R. I., 1903; E. Marie McGinty, Bryn Mawr Hospital, Bryn Mawr, Pa., 1909, and Elsie Neff, of the Princeton Sanitarium, Princeton, Indiana, 1909, and ten months in the Deaconess Hospital, Evansville, Indiana. All of the above named nurses have been assigned to duty at the Army General Hospital, San Francisco, California.

DISCHARGES: Anna C. Carpenter, Annie A. Daly, Mary C. Jorgensen, and Edith May Shaw, from the Army General Hospital, Presidio of San Francisco, California. Rosa May Kerr from Ft. Bayard, New Mexico, and Mary Zimerle from the Division Hospital, Manila, P. I.

TRANSFERS: The following named nurses have been transferred from Ft. Bayard to Army General Hospital, San Francisco: Louise C. Boldt, Elizabeth Kurzdorfer, and Margaret T. Wahls. From San Francisco to Ft. Bayard: Emma Haefner, Alma C. Hanson, Agnes F. James, and Josephine Riedy. From San Francisco to Philippines Division on January 5th Transport: Orpha A. Hopper and Mary V. McVan. Gertrude H. Lustig relieved from temporary duty at Camp Jossman and assigned to duty at the Division Hospital, Manila, P.I. Carrie Bechtle relieved from duty as chief nurse at Zamboanga and assigned to the Division Hospital, Manila. Frances Nowinskey has been temporarily assigned as acting chief nurse at the Military Hospital, Zamboanga, P. I.

JANE A. DELANO,
Superintendent, Army Nurse Corps.

MASSACHUSETTS

THE MASSACHUSETTS STATE NURSES' ASSOCIATION held its mid-winter meeting on January 26, in Sewall Hall, New Century Building, Boston, a goodly number of nurses being in attendance. Mrs. Caroline Dennett gave an able and interesting talk on equal suffrage. She said it took fifty-five years to get the equal guardianship law in the state. Mr. Charles Bancroft read a copy of the bill which is to come before the legislature this winter. There was some discussion, but it seemed to meet the approval of the members present. The association was fortunate in having Miss Jane A. Delano attend the meeting. She told of the excellent plan devised by the Central Red Cross Committee for enrolling a large number of nurses who would be available in time of need by either the Red Cross or the army. Refreshments and a social hour completed a most helpful meeting.

CONNECTICUT

THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT held its regular quarterly meeting at the Second Congregational Church, Waterbury, on February 2. Miss Wilkinson called the meeting to order at 2.15 P.M. Miss A. H. MacCormac was appointed secretary pro tem. Miss MacCormac presented the report of the membership committee. Forty-five notices were sent out on December 1 to those whose dues were two years in arrears. The results to date were \$17 and two resignations. Five applications for membership are now in the hands of the committee, making twenty-five during the year. It was voted that each member attending the dinner to be given at the annual meeting be assessed one dollar toward expenses. Miss Wilkinson was appointed delegate to the Associated Alumnae convention. Following the business meeting there was a programme of music and readings by Mrs. Buchanan and Mrs. Spencer, together with dainty refreshments, provided by the Waterbury nurses. Visiting members were taken to the new St. Mary's Hospital and the Waterbury Hospital. The annual meeting is to be held in Hartford on May 4.

New Haven.—THE CONNECTICUT TRAINING SCHOOL ALUMNAE ASSOCIATION had thirteen members present at its regular monthly meeting held at the nurses' dormitory, February 3. Three new members were admitted, two to active and one to passive membership, one was transferred to passive from active. In the absence of the treasurer, the secretary received the annual dues. The next meeting will be held on March 3 at which time the officers will entertain. A large attendance is earnestly desired as business of importance is to come up.

NEW YORK

THE NEW YORK STATE EDUCATION DEPARTMENT issues the following official statement: To nurse training schools. The following is the rule now in force concerning examinations for certificate of registered nurse:

"Candidates failing in not more than two topics, but having a general average of 75 per cent., are to receive a certificate.

"Candidates failing in not more than three topics may take a subsequent examination in the three topics and on passing two of the three will receive a certificate, provided in the third subject they have not received less than 50 per cent. Candidates failing in two of the three topics must take the three over."

New York.—THE MT. SINAI ALUMNÆ ASSOCIATION at its annual meeting elected the following officers: president, Laura R. Logan, R.N.; vice-president, Frida Hartman, R.N.; treasurer, Susie Schilliday, R.N.; assistant treasurer, J. Greenthal, R.N.; recording secretary, Edith Chapman, R.N.; corresponding secretary, Elona N. Underwood, R.N., 351 West 119th Street, New York; assistant corresponding secretary, Bertha Kruer, R.N.; directors, S. W. Newman, R.N., Rose L. Johnson, R.N., Anna M. Thompson, R. N.

THE ALUMNÆ OF ST. LUKE'S TRAINING SCHOOL gave a reception to the graduating class in the nurses' home on the evening of February 2, at which an interesting address was given by Dr. S. Josephine Baker, head of the Department of Child Hygiene, on the subject "Preventive Medicine from the Nursing Standpoint." The address, as reported by Mrs. Mary Breckenridge Morrison, a member of the graduating class, contained these thoughts:

Dr. Baker spoke particularly to the nurses of the class of 1910 and reminded them that on leaving their hospital they would enter upon new fields and that the choice of their future occupations would rest with them. Usually a graduate follows either the medical or surgical branch of her profession; but other lines of work have developed under modern conditions and in the light of new ideals, and to these she called attention.

Preventive medicine is replacing the old system of only applying scientific treatment to the relief of those already ill, and doctors and nurses are turning their best energies in this new direction, where their own interests will finally be submerged in the common good. From a nurse's standpoint there is no field more promising than this one, for it offers both personal advancement and a share in a forward movement of tremendous import. From the same standpoint the work in New York City can be classified under four heads: (1) social service; (2) antituberculosis; (3) reduction of infant mortality; (4) school work.

Although the effort to reduce infant mortality has been organized less than a year, the results are gratifying. While last summer was fully as hot as the preceding one and the birth-rate had increased, there was a decrease of 787 in the number of deaths of infants. In this nurses can take a special pride, for the bulk of the work is done by them through personal contact with the mothers in the tenements of congested districts.

The school work was organized seven years ago, with the co-operation of Miss Wald, of the Henry Street Settlement. There had been medical inspection before that period, and children with minor, noncontagious defects were sent from school to be treated. Only about 6 per cent. returned. Now the nurses follow up these cases in their homes and about 90 per cent. are treated and return.

Among other things, the children in the public schools are being taught the care of their teeth and a few years should show a needed improvement in this direction.

Over three hundred nurses are engaged in the branches of work just outlined and there is a constant demand for more, Dr. Baker assures us, not only in New York City, but in other parts of the country where the values of hygiene are beginning to be realized. The salaries are not large, for the work was tentative at the outset, but it rests with the nurses to make this part of their profession reach the financial status it deserves.

In concluding, Dr. Baker told the nurses she addressed that in duties such as she described they could realize their civic opportunities and take a noble part in progressive movements for the public welfare.

THE MANHATTAN MATERNITY AND DISPENSARY issues its fifth annual report, telling of the immense amount of work done, 4442 patients having been cared for by the institution, which gives care to women in confinement both in the hospital and in their homes. The nursing course is three months long and is either for post-graduate or affiliation work. Miss Cadmus has recently become the superintendent, following Miss Mewhort, who was married.

MISS WALD AND MISS WATERS, of the Nurses' Settlement, have started on a visit to Japan, and, perhaps, to China. Though they are going for a rest they expect to meet nurses as well as many other interesting people. Miss Hitchcock will be acting head worker in Miss Wald's absence.

A WONDERFULLY INTERESTING COURSE OF LECTURES ON PREVENTION OF DISEASE will be in Hosack Hall, Academy of Medicine, every Thursday afternoon at 3.30, under the joint auspices of the Public Health Education Committee of the County Medical Society and the Hygiene Committee of the New York City Federation of Women's Clubs. The public is invited. The subjects for discussion in March are "Causes and Prevention of Nervous Exhaustion," speakers: Doctors Grace Peckham Murray, Evelyn Garrique, Edward D. Fisher, and Smith Ely Jelliffe; "The Importance of the Early Diagnosis of Cancer," speakers: Doctors James Ewing, Gertrude B. Kelly, and George Montgomery Tuttle; "The Hygienic Care and Management of Nervous Children," speakers: Doctors William B. Pritchard, Isabella T. Smart, Mary S. Macy, and Edward W. Scripture; "Cause and Prevention of Common Colds," speakers: Doctors Abraham Jacobi, Alexander Lambert, Mary MacMillan, Emily Lewi, and William K. Simpson; "The Relation of Exercise and Rest to Public Health," speakers: Doctors Luther M. Gulick, Eliza M. Mosher, and Henry L. Taylor; "Social Diseases and Their Dangers," speakers: S. Duncan Bulkley, Emma E. Walker, and James J. Walsh. This last lecture, to be given on April 7, will conclude the course.

THE HARVEY COURSE LECTURES given on Saturday evenings at 8.30 in the Academy of Medicine during March are: "The Present Status of Aphasia and its Relation to Psychopathology," by Professor Adolph Meyer of Johns Hopkins University; "Pathology and Therapy in Diseases of Metabolism," by Professor A. Magnus-Levy, University of Berlin. In April, Professor Jules Bordet of the Pasteur Institute of Brussels is expected to give a lecture.

THE AMERICAN SOCIETY OF SANITARY AND MORAL PROPHYLAXIS held on the evening of February 10, in the Academy of Medicine, a joint meeting with the New York Biologists' Association. The subject for discussion was "Botany and Zoology as a Means of Teaching Sex Hygiene." The leading paper was presented

by Ellen Torelle, A.M., of Minneapolis, and outlined a plan for presenting the subject to elementary, high school, and college students, with botany and zoology as foundation subjects, the type forms, in regular sequence, being illustrated by lantern slides. The paper was discussed by teachers of biology, many of whom seemed strangely loth to take up the subject of sex hygiene with their pupils. A resolution recommending that the society approach the Board of Education upon the matter of a series of public lectures on sex hygiene was adopted. This society, which has for its object the limiting of the spread of diseases which have their origin in the social evil, holds its deliberations on alternate months in the Academy of Medicine. The next meeting will be in April. Those interested are always welcome.

A SERIES OF PRACTICAL LECTURES ON HOSPITAL ORGANIZATION AND ADMINISTRATION is being given at Teachers' College, School of Household Arts, on Fridays at 4 P.M. These lectures are part of the regular course for the students in Hospital Economics, and for this year only are open to others engaged in hospital and training-school work. During February the subjects and lecturers were: "The Hospital," "The Trustees," "Record Keeping and Accounts," all by Dr. C. Irving Fisher, superintendent Presbyterian Hospital. Those to follow are: March 4. "Record Keeping and Accounts," Dr. Fisher. March 11. "Medical Organization of Hospitals," Dr. S. S. Goldwater, superintendent Mt. Sinai Hospital. March 18. "Relation of the Training School and Medical School to the Hospital," Dr. W. H. Smith, general medical superintendent Bellevue and Allied Hospitals. March 25. "Administration Office," Dr. Smith. April 1. "Organization and Management of Purchasing and Steward's Department," Dr. Thomas Howell, superintendent New York Hospital. April 8. "Organization and Management of Boiler House; Heating and Power Plant; Clothes Room and Disinfection; Mechanical and Repair Departments," Dr. Smith. April 15. "Operating Rooms and X-ray Department," Dr. C. Y. Young, assistant superintendent Presbyterian Hospital. April 22. "Dispensary," Dr. Young. April 29. "Ambulance Service—Admitting Department; Pathological Department; Observation Wards; Hydrotherapeutic Department; Open Air Wards," Dr. Smith. May 6. "Wards—Free and Private; Social Service," Dr. Smith. May 13. "Hospital Funds—Budget Appropriations and Expenditures; Résumé," Dr. Smith.

Brooklyn.—THE KINGS COUNTY HOSPITAL ALUMNÆ ASSOCIATION OF NURSES held its annual meeting on January 4 at the nurses' home, when the following officers were elected: president, Sue Crouch; first vice-president, Miss Burrows; secretary, Mary O'Donnell, Kings County Hospital; treasurer, A. Collimore. Miss Burrows was appointed a delegate to the AMERICAN JOURNAL OF NURSING meeting and was instructed to act in the interest of the JOURNAL regarding the share of stock which the alumnae association owns.

THE BROOKLYN HOMŒOPATHIC HOSPITAL ALUMNÆ ASSOCIATION has selected as officers for the year the following: president, Emma L. Park; vice-president, Stella M. Healy; secretary, Mary H. Combs, 126 Greene Avenue; treasurer, Bertha Cooper.

THE BROOKLYN HOSPITAL TRAINING SCHOOL ALUMNÆ held its annual meeting at the training school February 1, when the following officers were elected for the ensuing year: president, M. L. Sweeny, R.N. (re-elected); vice-presidents, J. S. Buchanan, R.N., Mrs. H. F. McChesney; recording secretary, F. Dennie,

R.N.; corresponding secretary, Elizabeth Percy, R.N.; treasurer, M. E. Holt, R.N. (re-elected); director, Mrs. Edmond Kelly, R.N. (re-elected).

White Plains.—THE NEW NURSES' HOME in connection with the White Plains Hospital was opened for inspection on February 8.

Yonkers.—THE COCHRAN TRAINING SCHOOL ALUMNÆ ASSOCIATION at its annual meeting held in September elected the following officers: president, M. Frances Lee, R.N.; vice-presidents, Caroline M. Jones, R.N., Celia B. Snyder, R.N.; secretary, Harriet F. Barrett, R.N., 178 Palisade Avenue; treasurer, Alice Dobbs, R.N.

Utica.—CHARLOTTE M. PERRY, superintendent of Faxon Hospital, has tendered her resignation to take effect in March.

NEW JERSEY

Orange.—THE ORANGE TRAINING SCHOOL ALUMNÆ ASSOCIATION held its January meeting at the home of Margaret M. Anderson on the 19th. The business meeting was followed by a social hour, with refreshments.

Paterson.—THE PATERSON GENERAL HOSPITAL ALUMNÆ ASSOCIATION held an interesting meeting in the hospital on February 1. After the usual business was transacted, Miss McIllery read a paper on her work as district nurse in this city, and Miss Demarest gave one on the extent of the work in England, Canada, and the United States. Three new members were accepted. Light refreshments were served.

PENNSYLVANIA

THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES during its recent meetings granted registration to 274 additional applicants, making a total of 770 since its organization July 22, 1909.

The replies to the tentative curriculum sent to the training schools is most gratifying, and will enable the board to complete the same in time for adoption by June 1, 1910,—thus complying with the act which establishes examination June 1, 1912.

The board desires to acquaint the public with the fact that the function of this board is to place at their disposal nurses whose training and qualifications are the best. In the future a *registered nurse*, and not a graduate or trained nurse, is guarantee of ability.

Letters of inquiry from boards of other states seeking reciprocity with this board have been received. The hope of the board is to accomplish this reciprocity.

The list of registration follows: Altoona 5, Allentown 3, Bloomsburg 3, Butler 4, Danville 7, Everett 3, Harrisburg 3, Meadville 3, New Castle 13, Pottsville 5, Pittsburgh 27, Philadelphia 101, Washington 5, West Chester 3, Wilkes Barre 4. Other states: New York 5, New Jersey 6, West Virginia 3, Illinois 3, Canal Zone 1, Georgia 1, California 1, Ohio 1, Massachusetts 1, Iowa 1.

ALBERT E. BLACKBURN, M.D.,
Secretary.

THE PRESBYTERIAN HOSPITAL NURSES' ALUMNÆ ASSOCIATION has held its regular monthly meetings with good attendance. In October the programme for the winter was made out. At the November meeting, Miss Elliott of this city gave an illustrated talk on "Rome of Yesterday and To-day." In December, Mr. Sally told of the work done at the University Settlement House. In January,

Dr. Draper, pathologist of the Pennsylvania Hospital, gave an address on "Empiricism." In February, Miss Stanley, head school nurse of the city, spoke of the work of nurses in the schools. In March, Dr. Abbey Head, of the Mid-night Mission, will speak on "Moral Prophylaxis." There will also be in March a reception to the coming graduating class.

EMMA C. LINDBERG, for some time assistant superintendent of the Pennsylvania Hospital, has been at home in Bradford since her resignation last July, on account of family illness.

THE ALLEGHENY GENERAL HOSPITAL NURSES' ALUMNÆ ASSOCIATION held its January meeting at the nurses' home and heard an instructive talk by Minnie Hepler, one of the members, on "The Care and Training of Infants." At the February meeting, held at the home of Mrs. George McClelland, Miss Holmes, one of the state tuberculosis nurses, gave an interesting talk on her work.

ELIZABETH HOLMES AND ALBERTA SCHWARZ, graduates of the Allegheny General Hospital, have been appointed state tuberculosis nurses, with headquarters, respectively, at Pittsburgh and Pottsville.

NELLIE CHARLESON, graduate of St. Luke's Hospital, Ottawa, has resigned her position as head nurse at the Allegheny General Hospital, and will take a needed rest at her home in Quebec. She is succeeded by Isabel Perkins, a graduate of the hospital.

Lancaster.—KATHARINE H. BANZHOF, R.N., who has had charge of the visiting nurse work in Lancaster since its beginning in January, 1909, has resigned to take up hourly nursing. At a meeting of the board of directors, gratitude was expressed for her faithful and conscientious service, with good wishes for her future welfare. Miss Banzhof was succeeded by Miss M. V. Bucher.

Scranton.—THE STATE HOSPITAL TRAINING SCHOOL ALUMNÆ ASSOCIATION held its regular monthly meeting on February 10, with nine members present. Miss Tighe was elected chairman of the Sick Committee, and Miss Herman of the Entertainment Committee. It was decided to hold the annual banquet at the Hotel Jefferson on March 15, that invitations to the banquet be extended to Miss Ebersole, superintendent of nurses, and to the class of 1910. The Committee on Arrangements, Miss Tighe, Mrs. Coppinger; Reception Committee, Misses Saul, Vandervort, Graham, Brice, Quinn, and Herman.

DISTRICT OF COLUMBIA

THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold examination of applicants for registration May 4 and 5. Apply to the secretary for particulars.

KATHERINE DOUGLAS, secretary,
320 East Capitol Street.

MEDICAL DIRECTOR CHARLES F. STOKES, at present supervising surgeon of the Naval Medical School Hospital, Washington, was nominated February 4 by the President to be Surgeon-General of the navy, to succeed Rear Admiral Presley M. Rixey, who retired voluntarily, having served in the navy thirty years, eight years as Surgeon-General. Captain Stokes is one of the best known men in his branch of the service. He was appointed assistant surgeon in the navy in 1889. As a surgeon he has become distinguished for his clever and daring operations. He performed the operation on Midshipman Wilson, the naval cadet whose neck was broken at a football game last fall. He devised the first-aid dressings now

used in both branches of the service, and also invented an apparatus for transferring wounded men from one ship to another without the aid of boats.

Washington.—MRS. PERON JENNINGS, for many years superintendent of the Children's Hospital, resigned her position February 1.

THE EPISCOPAL EYE, EAR, NOSE AND THROAT HOSPITAL recently received a gift of \$75,000 from the Misses James to be used in building an addition to the present hospital as a memorial to their brother, George James. Plans are being drawn for three new operating rooms, X-ray room, rooms for persons of small means, wards, and a home for the nurses.

MARYLAND

Baltimore.—THE BOARD OF HEALTH on January 1 took over the work among the tuberculous poor of the city which has been done for the past five years by the Instructive Visiting Nurse Association. The city is divided into fourteen districts and a nurse assigned to each. The following were appointed: Ellen N. LaMotte, in charge, Rebecca Coale, Julia Reed, Lillian Oeligrath, Margaret Kennedy, K. M. Nash, Anna Murphy, Jane Newman, Ida Libbey, Harriet Clements, Elizabeth Lee, Ella Hilliar, Rosalie Lavelle, Helen Bacon, Grace Brumbaugh.

MARY WHITING, for several years in charge of the Eudowood Tuberculosis Sanitarium, has resigned the position.

THE ST. AGNES NURSES' ALUMNÆ ASSOCIATION held its January meeting at St. Agnes Hospital and elected the following officers: president, Mary Ryan, R.N.; vice-president, Katharine Smith, R.N.; secretary, Margaret DeLauder, R.N., 920 Aisquith Street; treasurer, Margaret Dudley, R.N. After the admission of several new members and transaction of business, an interesting paper on "The Nursing of Pellagra" was read by Miss Reilly, one of the senior nurses. The members were then entertained by the seniors by music and a progressive euchre party, after which a luncheon was served by the Sisters of Charity in the nurses' parlors.

VIRGINIA

THE GRADUATE NURSES' ASSOCIATION OF VIRGINIA held its tenth annual convention at the Hotel Murphy, Richmond, January 25-27. The programme was as follows: Tuesday, January 25. Executive session. Convention called to order and speakers introduced by Dr. Wm. S. Gordon. Invocation, Rev. Dr. Maclachlan. Address of welcome, Mayor D. C. Richardson. Response by president, Ethel Smith.

Wednesday, January 26. Registration and payment of dues. Business session. President's address. Reading minutes of last meeting. Treasurer's report. Report of Nominating Committee. Paper, "Professional Responsibility," May Douthat, Clifton Forge, Va. Paper, "The Young Nurse in Private Work," Naomi Simmons, Richmond, Va. Afternoon tea, St. Luke's Hospital Alumnæ. Evening reception, Virginia Hospital Alumnæ.

Thursday, January 27. Paper, "Tuberculosis," Mrs. J. Warren Thompson, Norfolk. Paper, "Nurses and Social Work," Gertrude Phillpotts, Norfolk, Va. Paper, "The Nurse as Missionary," Minnie Bumgardner, Staunton, Va. Question box in charge of Eliza. R. P. Cooke, Bon Air, Va. Election returns. Adjournment. Luncheon, Memorial Hospital Alumnæ.

The meetings were very enthusiastic. About fifty new members have been added since last June. Practically the old officers were elected. The next meeting will be held in Richmond.

Richmond.—THE INSTRUCTIVE VISITING NURSE ASSOCIATION has, through the interest of the Nurses' Settlement, given a nurse to the public schools of the city.

KENTUCKY

Louisville.—THE NURSES' CENTRAL DIRECTORY in its report for the year ending December 31, gives the following interesting statistics: membership 111, total number of calls 1532, directory calls 1075, personal 223, out of town 241, practical nurses 106, male 20, non-members 25, calls not filled 20, information 600, members resigned 10, members married 5, positions taken 1, left the city 4. Practical Nurses: membership 15, married 1, resigned 2, positions taken 2. The directory is governed by a committee from the Jefferson County Graduate Nurses' Club.

THE JOHN N. NORTON INFIRMARY ALUMNÆ ASSOCIATION, at its annual meeting, elected the following officers: president, Annie E. Rece; vice-presidents, Elizabeth S. Robertson, Katherine Dear; secretary, Emma Isaacs, 922 South 6th Street; treasurer, Anna E. Flynn. At the December meeting of the association, after the transaction of business, the senior class of the infirmary entertained the alumnae with a little play, "The Parliament of Servants."

OHIO

Cincinnati.—THE CINCINNATI HOSPITAL TRAINING SCHOOL held its graduating exercises on the evening of January 14 in the assembly room, when a class of seventeen received diplomas and medals as a reward for faithfulness and efficiency. Addresses to the graduates were made by Dr. Fackler, Dr. Bonifield, and Mr. Scott Small, who presented the diplomas. The badges were presented by Dr. Isham. An enjoyable reception followed the exercises.

THE CINCINNATI HOSPITAL ALUMNÆ ASSOCIATION held its annual meeting at the nurses' home on January 15, a large number of the members being present. After the usual programme and business, the following officers were elected: president, Carrie Hunter; vice-presidents, Anna Clay Minor, Catherine Martin; treasurer, Nellie P. Isaminger; secretary, Marguerite Fagen, Cincinnati Hospital. During the evening, Miss Fisher, superintendent of the training school, presented the class of 1910 for membership. It is hoped that this will prove the most successful year of the association.

MICHIGAN

Detroit.—THE FARRAND TRAINING SCHOOL ALUMNÆ held an adjourned annual meeting on February 8, at the Swain Home. Officers for the ensuing year were elected as follows: president, Amanda R. Judson; vice-presidents, Lulu B. Durkee, Agnes G. Deans; recording secretary, Gertrude M. Barnes; corresponding secretary, Margaret B. McClure; treasurer, Mary E. Jenks; directors, Melissa Collins, Alice Walker, Grace Gillies.

Following the meeting tea was served, at which time the members took the opportunity to extend a vote of thanks to the retiring president, Miss L. B. Durkee. Miss Durkee has served as president of the association for two years,

and previous to that as secretary. Aside from the splendid work she has done, she has the record of never having been absent from a meeting for over three years.

Miss Judson, the newly elected president, was heartily welcomed and assured of the co-operation of all the members present, for they appreciated Miss Judson's willingness to serve.

ILLINOIS

A SUGGESTIVE OUTLINE OF INSTRUCTION (Continued)

THIRD YEAR. *Obstetrics*.—Thirteen classes, 13 hours; one oral review, 1 hour; one written review, 1 hour.

***Materia Medica* (Condensed).**—Elements, their salts, and other common preparations; preparations from plants; 8 classes, 8 hours; 1 review, 1 hour; 1 written review, 1 hour; 15 classes, 15 hours.

***Chemistry or its Equivalent*.**—Two classes on matter, 2 hours; 1 class on oxygen and air, 2 hours; 1 class on nitrogen and hydrogen, 1½ hours; 2 classes on experiments on water, 4 hours; 1 oral review, 1 hour; 1 written review, 1 hour; 2 classes on experiments on fats, 4 hours; 2 on proteids, 4 hours; 1 on glucoses, 2 hours; 1 on sucroses, 2 hours; 2 on amyloses, 4 hours; 1 oral review, 1 hour; 1 written review, 1 hour; 2 classes on tests on milk, 4 hours; 1 on eggs, 2 hours; 1 on flour and bread, 1 hour; 1 on beef and infant foods, 2 hours; 1 on baking powders, 2 hours; 1 class on gastric juice, 2 hours; 1 class on pancreatic juice, 2 hours; 1 class on bile, 2 hours; 1 oral review, 1 hour; 1 written review, 1 hour; 29 classes, 48½ hours.

***Ethics*.**—Chapters 11 and 12. Two classes, 2 hours.

***Lectures*.**—*Materia Medica*. Diseases of the nervous and insane; tuberculosis, eye, ear, nose, throat.

***Summary*.**—Exclusive of lectures. *Obstetrics*, 15 classes, 15 hours; *materia medica*, 10 classes, 10 hours; *chemistry*, 29 classes, 48½ hours; *ethics*, 2 classes, 2 hours. Total, 56 classes, 75½ hours.

Summary of class work for the three-year course of instruction, exclusive of lectures: First year, 112 classes, 157 hours; second year, 86 classes, 106 hours; third year, 56 classes, 75½ hours; total, 254 classes, 338½ hours.

Chicago.—THE CHICAGO SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES holds its meetings on the first Saturday of each month in the North Grill Room of Marshall Field's at 3 P.M. Mrs. Emma E. Koch is president; Alice E. Isaacson, secretary and treasurer. The programme for this winter is as follows: October. General discussion on the report of special training-school committee of the American Hospital Association, opened by Amelia Dahlgren. November. Harriet Fulmer, "The Field of the Caretaker, or the Domestic Nurse, and Where She Shall be Trained." December. Helen S. Hay, "Impressions of European Hospital Nurses, and Some of Their Methods." January. Dr. J. B. De Lee, "The Maternity Ward in the General Hospital. How May it be Protected?" February. Mary C. Wheeler, "Meat in the Hospital Dietary, and the Advantages of a Fruitarian and Vegetarian Diet." March. Dr. H. M. Stowe, "The Specially Trained Obstetric Nurse, Her Advantages and Field, from a Doctor's Standpoint." April. Charlotte Aiken, "Why do Most of our Hospitals Show a Deficit at the End of the Year? Can the Nurse Better Conditions?" May. Dr. Anna Ross Lapham, "The Nurse as the Mother's Aid in

Teaching the Child the Problems of Sex." June. Mrs. Minerva Mayfield, "The 'Open' and the 'Closed' Hospital from the Nurse's Standpoint."

ST. LUKE'S HOSPITAL ALUMNÆ ASSOCIATION held its annual meeting on January 18, thirty-three members being present. Reports of officers and committees were read, and the following were elected: president, Mrs. Cuthbertson; vice-presidents, Mrs. H. D. Peterson, Miss Collins; secretary, Eva A. Mack, St. Luke's Hospital; treasurer, Miss Johnstone; chairmen of committees, visiting, Miss Birdsall; social, Miss Wier; nominating, Miss Hipwell; finance, Miss Dean; membership, Miss Johnstone; general nursing affairs, Miss Eldredge; additional directors, Mrs. McNeil, Mrs. Brennehan, Miss Eastman, Miss Bartle, Mrs. Orr, Miss Dawson, Miss Ada Taylor, Miss W. Osmotherly, Miss Lawrie, Miss Kate Mussen, Miss Lowden, Mrs. Dagg, Mrs. Gregory, Mrs. Reuhl.

MISS BEECHLEY has joined the Visiting Nurse Association of Cleveland. Miss Harpster has taken charge of a hospital in Columbus, Wisconsin. Miss Burleson, who has had charge of the surgery in the main building at St. Luke's for the past two years, has resigned. She is succeeded by Nina Gates.

THE ILLINOIS TRAINING SCHOOL recently purchased the property on the corner of Honore and Congress Streets, including the row of houses facing on Congress Street. The school hopes to be able to build later on, but meantime acquires some much-needed room for the growing family of nurses which will be a great convenience over the annex, the four flats rented on Paulina and Jackson Boulevard. The graduate head nurses of the school were the guests of the officers on the evening of February 11.

MISS HAY spent a week at the University of Illinois, recently, giving a course of lectures on home nursing.

ELEANOR REED, 1907, recently resigned her position as assistant in the Contagion Hospital to assume the duties of superintendent of the Monroe Street Hospital. Laura Welch, 1907, succeeds Miss Reed. Elsie Schlund, 1907, recently accepted the position of assistant night superintendent in Cook County Hospital. Lucy Clark, 1900, resigned her position as head nurse in Ward 22, Louise Hostman being her successor. Miss Kohlsaat, 1906, has recently taken charge of Ward 8. Miss Voigt, 1901, has accepted the position as medical inspector for the Chicago Telephone Co. Miss Voigt inspects all the young women who apply for positions as telephone operator with the view to seeing that they are in good physical condition before being employed. She states that many young women who apply are defective owing to goitres and various catarrhal troubles. Margaret Kuehl, 1909, has accepted the position of superintendent of nurses in the Multnomah Hospital, Portland, Oregon. Elizabeth Jackson, 1909, is doing private duty in the same city.

JENNETTE ALLISON COMMON, class of 1894, who has been doing private nursing in Kansas City for the past five years, has accepted a position in the Ronquillo Hospital, Cananea, Sonora, Mexico. She finds the climate ideal and the life truly western.

THE COLUMBUS HOSPITAL ALUMNÆ ASSOCIATION held its annual meeting on January 10 at the hospital, when the following officers were elected: president, S. Frances Gallagher, R.N.; vice-president, Clara Cunningham, R.N.; secretary, Bessie Monahan; treasurer, Josephine Butler.

THE COLUMBUS HOSPITAL has opened the fourth floor, which was formerly used as nurses' quarters, and will soon build an addition of forty rooms. Anna

Frederickson gave a luncheon to the graduate nurses on the Monday after Christmas.

INDIANA

THE INDIANA STATE BOARD OF NURSE EXAMINERS has changed the date of the spring examination to the first Wednesday and Thursday in May, instead of the third Wednesday and Thursday. This is done on account of the annual meeting of the Associated Alumnae, which will be held in New York the third week in May. All applications for the examination should be in by April 15.

EDNA HUMPHREY, secretary,
Crawfordsville.

MISSOURI

Kansas City.—THE KANSAS CITY GRADUATE NURSES' ASSOCIATION held its annual meeting on February 2, at which the following officers were elected: president, L. Eleanor Kelly; vice-presidents, Charlotte B. Forrester, Cornelia E. Seelye; secretary, Mena Shipley, R.N.; treasurer, Mary Murray; chairmen committees, visiting, Mrs. Catharine Hare, printing and programme, Mrs. M. C. Lewis; members of directory board, Edith Allan, G. M. Spokesfield, Nell Hunter. The association has been admitted to membership in the Associated Alumnae, has established a central directory, and has plans under consideration for establishing a sick benefit fund. One honorary and sixty-five active members have been admitted and six applications are waiting. The attendance throughout the year has been good and the members are taking a keener interest in the work of the association.

NEBRASKA

THE NEBRASKA STATE BOARD OF EXAMINERS FOR REGISTRATION met during January, for the consideration of applications for registration. They trust in the near future to send out the certificates.

ANNA E. HARDWICK, R.N. (N. Y.).

THE NEBRASKA STATE ASSOCIATION OF GRADUATE NURSES met on January 11 at the University Temple Building, Lincoln. The morning was devoted to an interesting and wide-awake business session, about thirty-five members being present. At noon, a delightful buffet luncheon was served at the Orthopædic Hospital by Miss Hardwick, superintendent of nurses, and Miss Bixby. The afternoon was devoted to a musical and literary programme, the general subject of the addresses being the care of the insane. An address on "Classification of Insanity" was given by Dr. L. B. Pilsbury, who has recently returned from a trip to foreign countries, and who reviewed the work being done along industrial and psychological lines in our own and other countries. Dr. Benjamin F. Bailey, in his address on "The Care of the Insane," awakened the interest of all who heard him in the need for trained workers for this vast neglected field of hospital work. Mrs. Gaiser read a paper on "The Physical and Mental Woman," which was much appreciated by nurses who spend too little time in the contemplation of the home side of their natures. A review of the life of Dorothy Dix and of the organization of training schools for nurses in connection with hospitals for the insane was given by the secretary, Miss Stuff. The work done by the School of Civics and Philanthropy of Chicago in a department for institutional workers was discussed. It is under the leadership of Miss Julia Lathrop, for many years a member of the Illinois State Board of Charities, and offers a

course of study for those interested in the care of the mentally defective, which shows the educational value of a graded system of occupation and industrial work and affords practical training in handicrafts and in such games as are found useful in developing the imagination and latent brain force of patients needing re-educating. Games and occupation such as are necessary to give a quieting, calming, or restraining influence on delusional and excited patients are also taught. Those taking the course visit the wards of hospitals for the insane and put in practice the methods taught. Visits are also made to public playgrounds, and lectures are given on the elements of psychology, psychiatry, and on sociological subjects. Wherever these methods have been tried in the care of mental patients, they have met with splendid results, and the school is recognized by the leading psychiatrists. A report was given of Dr. William L. Russel's address on "Hospital Care for the Insane."

At the close of the afternoon, the nurses and their friends banqueted at the Lincoln Hotel where Miss H. J. Fisher, chairman of the Programme Committee, acted as toast mistress. The next meeting will be held on April 19 at the Young Woman's Christian Association Building, Omaha.

LILLIAN B. STUFF, secretary.

Omaha.—THE OMAHA GENERAL HOSPITAL TRAINING SCHOOL held its graduation exercises on January 25. There were fourteen graduates, whose motto was, "We have crossed the bay to enter the ocean."

COLORADO

THE COLORADO STATE TRAINED NURSES' ASSOCIATION held its sixth annual meeting in Denver, February 10 and 11. An interesting and instructive programme was given at the first session, and in the evening a stovaine clinic was held at the County Hospital, which was greatly appreciated. The meeting on the 11th was devoted to reports, routine business, and elections. Lettie G. Welch, R.N., of Denver, was made president.

OREGON

Portland.—M. ELLEN KERSHAW, a graduate of St. Luke's Training School, Chicago, has accepted a position for a few months with the Visiting Nurse Association in this city, which is under the charge of Miss Grittinger, formerly of Brooklyn. A general free dispensary, the first in the city, has been opened in a settlement in the heart of the business portion of the city and is meeting with great success.

WASHINGTON

Seattle.—THE KING COUNTY GRADUATE NURSES' ASSOCIATION held its regular meeting at the Registry, on February 7, twenty-five members being present. In the absence of the president, the chair was taken by the vice-president, Mrs. M. I. Farrell, who called the meeting to order. Minutes of the previous meeting were read and approved. Reports of the Executive Committee and the Registry for month of January were read, and ordered placed on file. Six applications for membership were accepted, one was laid on the table. Mrs. A. W. Hawley read an account of the work of the Girls' Home and Training School Society and reported that the sum of \$80 had, through the effort of Miss Sara Meiklejohn, been

donated by Mrs. Charles L. Denny of Seattle, a former patient. The association had been asked to raise this amount for the furnishing of a room in the home. It was voted that the thanks of the association be tendered Mrs. Denny for her donation and to Miss Meiklejohn for her efforts towards interesting Mrs. Denny in the work. Mrs. Bessie Davis gave a report of the Nurses' Cottage at Riverton and Mrs. Eva C. Murray, treasurer of the Cottage Fund, reported that the amount required had been almost raised. The cottage is completed and ready for occupancy and will be under the management of the state association. The secretary gave a report of the committee appointed by the president for the purpose of discussing the advisability of incorporating and forming a stock company to build an association club-house. A general discussion followed, led by Mrs. Murray, chairman of the committee. A motion to incorporate was carried unanimously. It was voted that the committee appointed by the president, with two nominated from the floor, compose the committee on club-house, and that they take steps for incorporating, immediately. Mrs. Hawley and Miss Loomis were re-elected as members of the committee. The following amendment to Article III, By-laws, was read, and will be voted on at the next regular meeting. Meetings. "Monthly meetings shall be held on the first Monday of each month at 3 P.M., unless a holiday, then on the day following at 3 P.M. Due notice shall be sent each member to the address registered with the secretary, of all meetings, whether regular or special, and of the place of meeting." Mrs. Farrell gave a very interesting and instructive paper on "Obstetrics," a general discussion following. After a vote of thanks to Mrs. Farrell, the meeting adjourned.

BIRTHS

ON January 14, at Bozeman, Montana, a son, Daniel Somers, to Dr. and Mrs. A. D. Brewer. Mrs. Brewer was Florence Somers of the Boston City Hospital.

ON January 27, at Port Arthur, a daughter to Mr. and Mrs. W. F. Elliott. Mrs. Elliott was Miss Fidler, class of 1905, St. Luke's Training School, Chicago.

ON December 1, 1909, at Nagaya, Japan, a son to Rev. and Mrs. W. deL. Kingsbury. Mrs. Kingsbury was Nina Bakenhus, a graduate of the German-American Hospital, Chicago.

MARRIAGES

SADIE RHINE, a graduate of Columbus Hospital, Chicago, to Mr. Furlong. Mr. and Mrs. Furlong will live at Ft. Jones.

ON December 29, Mina Born, class of 1903, Illinois Training School, to Isaac V. Landman. Mr. and Mrs. Landman will live at 501 North Vermilion Street, Danville, Ill.

ON December 27, 1909, at Holy Cross Church, Brooklyn, Katherine V. Leonard, class of 1905, Kings County Hospital, to John A. Kane, M.D. Dr. and Mrs. Kane will live in Brooklyn.

ON December 30, 1909, at Swissdale, Pa., Jennie Stewart Brown, class of 1908, Allegheny General Hospital, to Charles W. Miller, M.D. Dr. and Mrs. Miller will live in Peoria, Ill.

ON January 12, at St. Philip's Church, Durham, North Carolina, Lily Haughton Cowan, graduate of Watts Hospital, to Dillard Crittenton Mitchell. Mrs. Mitchell was treasurer of the North Carolina State Association for 1908.

DEATHS

At the Hahnemann Hospital, Rochester, N. Y., Elizabeth Young, class of 1905, of the hospital. Her life was one of sweet usefulness.

On February 4, at Salem, Mass., Mary E. Hodgkins, class of 1905, Salem Hospital. Miss Hodgkins was a member of the *alumnæ* and was dear to her sister nurses.

FURTHER particulars have been received regarding the death of Miss Tillotson, which was announced in the February JOURNAL. Miss Tillotson was a graduate of the Faxton Hospital, Utica, and was the founder and principal of the Niles Private Hospital, at Niles, Michigan. She died at Faxton Hospital, after an operation. She had been in ill health for months, and at the last was a great sufferer, but was brave and bright, and kept at her post looking after her many patients, to whom she gave her whole time and her life.

BOOK REVIEWS



IN CHARGE OF

M. E. CAMERON

VITAL ECONOMY, OR, HOW TO CONSERVE YOUR STRENGTH. By John H. Clarke, M.D. A. Wessels, Newold Publishing Co., 155 Fifth Ave., New York. Price 50 cents net.

Out of his own experiences of life Dr. Clarke has evolved a philosophy which he sets forth in his little book for the guidance of others. Perhaps it is true for all men, as he claims it to be for medical men, that one is "either a fool or a philosopher at fifty." The thing is to persuade the man of twenty-five that he is going to arrive at the same goal as his predecessors over the same course. Dr. Clarke is the sworn foe to originality while claiming to be himself more or less an original; having divided the mature men of the medical profession into two classes, fools and philosophers, he goes on, by implication at least, to find that the first class comprises the great majority—besotted fools, if that is the worst kind, they must be, if they accept as he hands out his unproved and unsupported assertions: "The bath was fatal to John, he took to his bed at once, and was dead within a week." . . . "A fresh east wind produced acute nephritis." . . . "A fresh east wind caught him, pneumonia followed, and in a few days he was carried off into an untimely fresh-air grave;" and so on, he seizes upon exceptions to the rule and uses them to prove his case against the experience of the world.

Bitter as his cry is against the use of the bath and fresh air used indiscriminately, one cannot take the writer seriously. That a coachman, who is up to the work entailed by his office, with no bodily ailment whatever, should wilt and die within a week, of one warm bath, is beyond belief and impossible for Dr. Clarke to expect the reader to believe—with its inference that the bath is fatal to the ordinary working man in good health.

The chapters on the use of stimulants are in like manner robbed of a great deal of their point, by the same sweeping generalization. In this connection I quote again from the book: "It would almost seem that the human animal is determined to assert his superiority over all the rest of creation by the ingenuity he displays in discovering or manufacturing pleasant poisons for himself. The great majority of mankind are the slaves to one or more poison habits. Of these habits, the tea

habit is one of the most subtle, insinuating and injurious. It is a moot point with me whether tea does not do more harm in this country than alcohol. It does not make its victims 'drunk and incapable,' but it certainly does make them drunk. To be saturated with tea, to be constantly under its influence, to be dependent on it, is to be tea drunk. The sooner tea abstinence societies are organized the better, and tea bands of hope should be universal," etc., etc.

If one cannot accept Dr. Clarke's universal prescription for the conservation of vital energy one can at least get a great deal of amusement out of the book, which is poignant to a degree—bristling with the kind of audacious sarcasm that is usually imputed to a woman's tongue, but which in this case comes from the nimble pen of a male man as from its natural habitat. No one could feel dull while reading it, and if, on the one hand, it should excite to agonies of self-pity that stupid and lazy person who is made to go walk miles in the fresh air, when she feels that her health demands that she lie on a sofa and read novels, it is on the other hand liable to prove of salutary benefit to the gloomy and pessimistic mourner of the good old times—because no one, not even Dr. Clarke, really wants the good old times of stuffy houses and unbathed humans back again, and the horror of such a possibility would cure the grumpiest and gloomiest mourner alive.

LIFE'S DAY; GUIDE POSTS AND DANGER SIGNALS IN HEALTH. By William Seaman Bainbridge, A.M., M.D. Frederick Stokes Company, New York. Price \$1.35.

Written for the laity, this book is based upon a series of lectures delivered by the author at Chautauqua, and as its title indicates its office is to furnish practical, helpful suggestions with which to meet the problems which constantly confront us. "It is," says the author, "no profound philosophy of life, but a mere advocate for common-sense and moderation in all things, and of the doctrine of cheerfulness and hope."

He begins with heredity, physiological and psychical, and after giving due weight to its influence on race and individual proceeds to consider environment as the second great factor of modification. Having briefly touched upon these two great determining factors in life with which the individual finds his course either hampered or accelerated, the author goes on to consider, under the heading "Function," the entire life of the human unit from the moment of birth to old age and death. The nurture of the infant, the care of the child (especially making a plea for the child of irresponsible age) from eight to fifteen, the period of adolescence are passed in review and we are brought to manhood and

womanhood, where we are counselled to regular habits, exercise, fresh air, rational diet, moderation in the use of tea, coffee, alcohol, etc., the duty of preventive measures such as vaccination, and of good citizenship—giving the best we can to life and getting the best we can out of it until we come to old age and death. These phases of life are fancifully and gracefully designated as “Dawn, Morning, Midday, Twilight, and Night.” Each period is prefaced with a quotation, as, for instance, “Morning” has:

“Thou hast no heavy thought or dream
To cloud thy fearless eye;
Long be it thus—life’s early stream
Should still reflect the sky.”

Or again in the preface to “Midday” we find a challenge to heredity and environment to do their worst, we may still defy them.

“It matters not how straight the gate,
How charged with punishment the scroll;
I am the master of my fate,
I am the Captain of my soul.”

One might wish that the book contained more positive teaching. The author recognizes and points out the lack of appreciation of duty which many parents show; then again he is vague when he speaks of the rights of the adolescent child, girl or boy, to instruction on sex questions. Fathers and mothers continue to shirk their duty in this respect and it would seem that the author had not quite as strongly as the occasion allowed insisted on the responsibility that parents are under to allow no one else to instruct children in these matters.

THE CARE AND FEEDING OF CHILDREN. A Catechism for the use of Mothers and Children’s Nurses. By Emmett Holt, M.D., LL.D., Professor of Diseases of Children in the College of Physicians and Surgeons, Columbia University; Attending Physician to the Babies’ Hospital and Foundling Hospital, New York City. Fifth Edition. New York and London, D. Appleton and Company. Price 75 cents.

The fifth edition of our old friend the quiz on “Care and Feeding of Children” does not differ from the earlier appearance of the book to any great extent. There is, of course, new matter which appears particularly in the chapter on infant feeding. Like the earlier editions the book sticks closely to the child in health and does not at all enter into the nursing of sick children. It is, however, a book that every nurse does well to keep at hand.

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EDITORIAL COMMENT



THE CONFUSION OF EXISTING CONDITIONS

WE are living in an age when reforms and criticisms are rife all over the world. It is seen in the keen interest in the affairs of government, both local and national. It is seen in all educational work, higher and lower, technical and professional. Some of the criticism seems to be honest and to be made for the purpose of improving conditions by establishing methods of greater efficiency; a great deal of it, given with a very pious air, is prompted by jealousy or graft.

Parents are criticizing the methods used in the schools; universities and preparatory schools find fault with each other's methods. The members of a profession not only see flaws in the work of another, but groups in the same profession attack each other's intents and purposes. Doubtless much of this ferment is healthful and indicates progress; some of it is harmful and is intended to block progress. The various opinions expressed in regard to any subject brought forward are confusing, even to one who has leisure to read and study, and may prove quite misleading to those who are too busy to read widely enough to gain a broad point of view.

No group of educators and workers has been more subjected to criticism than the teachers and graduates of schools of nursing. Some of it is undoubtedly sincere, much of it suggestive and helpful, but a great deal comes from those who see in the movement for higher education for nurses the cutting off of a means of revenue which threatens to destroy their business. Such criticisms are specially prominent in commercial magazines, and are made by those connected with short-course and correspondence schools and by the proprietors of hos-

pitals who have found in the maintaining of a training school without standards a means of increasing the dividends on their investments, or by ill-trained physicians who fear a competitor in the competent nurse.

THE PHYSICIANS' NATIONAL BOARD OF REGENTS

THIS title designates one of the most confusing of the commercial enterprises which we have commented on before in these pages, and which has been forced on our notice recently by various pamphlets, circulars, etc., which are being distributed.

We find upon investigation that this organization emanates from The Philadelphia School for Nurses which, as is very well known, is one of those short-course schools which professes to teach all there is to know about nursing theoretically in the period of a few weeks.

This board has established a national organization which seems to have as its object the maintenance of a national registry for commercial purposes. By the beguiling influence of grandiloquent language it seems to cover its real purpose and forms an inviting trap for the unwary. On the covers of the pamphlet at hand we read in large letters, "The Nurse's Credentials. Authority and Right to Engage in the Profession of Nursing. Classification and Listing."

In this scheme nurses are divided into four classes, the fee for registration varying from ten dollars to six, with a dollar extra for a pin, and another for a little magazine published. Those so enrolled are to be known as "commissioned and official nurses." As a registry for the short course and correspondence schools, this Physicians' National Board of Regents is harmless enough, but the pity of it is that many a properly trained nurse will be innocently attracted by the inducements offered and will pay her ten or twelve dollars to this organization only to find when too late that she has identified herself with a money-making enterprise which is seeking to undermine the standards of her chosen calling. The circulars are being very generally distributed throughout the country, and many nurses in isolated places, who have not kept in touch with the progress of nursing affairs, will be misled by the ingenious wording into thinking they are paying a registration fee.

A suggestion which has come to us in connection with this scheme, and which would be good even if this menace had not arisen, is that in each state association there should be established a publicity committee which should have for its purpose the enlightenment of the public in regard to the true motives for state registration, the standards which nurses are working for, and of their efforts for thorough education,—

that of producing more efficient nurses who shall give better service to the sick,—and that they shall cease to be a means of revenue to a group of men whose motive is a commercial one and not the welfare of those they serve.

PRIVATE DUTY PROBLEMS

IN a "Letter to the Editor" of November, 1908, Miss Huntington advocated a plan for private duty nurses which she was trying, and in the letter department of this magazine she comments on the way it is working out,—it is that of day duty only for the nurse, in cases where the patient is not in extreme danger.

She stays with her patient all day, concentrating so far as is possible the necessary treatment within those hours, and at night goes home to sleep. She has, of course, the consent and co-operation of the attending physician, who agrees to the plan and allows the patient to sleep undisturbed at night as long as possible. Miss Huntington's argument is that the patient does better for the undisturbed rest, that some member of the family who has had an opportunity to rest during the day can be on hand at night in case any one is needed, and that she herself is in better condition to give the patient her very best care during a long case by having good rest at night. This might seem to the casual reader a plan formed wholly for the comfort of the nurse, but knowing Miss Huntington's reputation for careful, faithful work, we know that in her hands such a method would be carried out with an eye to the patient's good. Whether it could be trusted to the discretion of the average nurse is doubtful. It must be borne in mind that this plan is not advocated in those cases where the illness is critical.

When two nurses are on a case, it is almost always better to let the one who is off duty go home to rest, as it takes her away from the atmosphere of sickness and anxiety and brings her back fresh and rested. When one nurse alone is on duty, it would be difficult to decide when a nurse could be spared at night. Often when all seems to be going smoothly, unexpected complications arise which require better judgment than the untrained watcher would possess, and the patient's life might be in jeopardy while the physician and nurse were being summoned. One of the great comforts of the nurse to the physician is that he may leave the patient in her hands knowing that he is under skilled observation during his absence, that he will be called if needed, and that he will not be called unnecessarily. How often must the nurse soothe the anxieties of the friends over some slight but not alarming change in the patient and insist that the doctor need not be roused.

In many cases the plan might work well, but how can even the doctor and nurse decide when it is safe? The principle is sound, that a rested nurse gives better service than a tired one. It would be interesting to know whether other nurses have tried this plan, and with what success.

Private duty nurses will be interested in last month's announcements by the Associated Alumnae, with its promise of a special session devoted to their problems.

Our series of articles on obstetrical diet lists is completed in this issue of the JOURNAL, and a letter from a correspondent brings up a new subject for exchange of opinion,—that of the amusement of the sick or convalescent child. We wish every nurse who has succeeded in keeping her child patients happy during convalescence or isolation would write us of her experience, even one suggestion contained in a single paragraph would be helpful to some one else, while short articles on the subject would be welcomed. It is hoped that head nurses may furnish some of the papers, telling what plans are adopted in hospitals and wards for children.

Dr. Potter's articles always bring words of appreciation from our readers, who will be glad to hear that she hopes to follow her paper on "The Hygiene of Menstruation" by one on "The Menopause." Another woman physician, a new contributor to our pages, sends us several articles which will appear from time to time on such practical subjects as "Seasickness," "Insomnia," "How to Prepare an Insane Patient for Operation," etc.

It is hoped that from the obstetrical diet lists many nurses will take suggestions that will be helpful to them, particularly for suppers, which seem always hardest to make attractive. Miss Holmes and Miss Sherman both lay stress on the need of making the diet laxative, and we think many a nurse will want to try for her patient the fruit juice at night treatment.

Miss Sherman's comments on the course pursued when a mother finds it difficult to nurse her baby should, we think, be taken very guardedly. We have no doubt in actual practice she makes as diligent efforts as any of us to increase the waning milk supply. Doctors are emphasizing more than ever the importance of breast feeding; we see this continually in the articles in medical journals and it was made the great point at the Congress on Infant Mortality. Obstetricians who are trying harder than before to educate mothers to an understanding of the importance of nursing their children must have the unfailing co-operation of the nursing profession.

If the milk supply can be kept up during the weeks spent in-doors, the quantity may become ample when the mother gets out for daily walks. These should be short at first, but should be increased with growing strength until at least a mile of such exercise is part of the daily programme. This has a direct and beneficial effect.

Another important point which cannot be too often emphasized is that where artificial feeding must be resorted to for a time, to "piece out," it should never be used in place of the breast feeding but in addition to it. The minute the demand on the breasts lets up, the supply will diminish still more. There should be regular and faithful feeding from both breasts at each nursing period in order to stimulate the glands to do their best, and the artificial feeding should be added only to complete the amount needed to satisfy the baby's hunger. Faithful persistent efforts on the part of the nurse, supplementing the advice of the doctor, will have great influence on the mother's mind, and wonders may be accomplished where conditions seemed most unfavorable.

THE JOURNAL PURCHASE FUND

THE pledges made at Minneapolis are being fulfilled, and news from many points shows that the societies are making plans for a thorough canvass for the individual fifty-cent subscriptions, which would, if adopted by all affiliated societies, result in the raising of the whole amount needed without hardship to any treasury or to any individual.

The appeals made by the local associations are often so good that they are applicable to a larger audience. We present this month two extracts taken from the St. Luke's *alumnæ* leaflet, Chicago.

The first, written by "E. E.": The National *Alumnæ* Association now owns in the neighborhood of fifty shares in the AMERICAN JOURNAL OF NURSING. Having gained controlling interest it seems desirable to purchase the JOURNAL outright.

With a membership of 15,000 self-supporting women this should not be a difficult undertaking, nor will it be if the individual members show a personal interest and pride in the matter and a sense of obligation.

At the convention held in Minneapolis last year, it was suggested that the amount could be easily raised if each nurse would contribute 50 cents. The members of our association present started the good work by making the first contribution of \$2.50. Now we wish every member of our *alumnæ* association to follow the example set by our delegates and show their interest in this splendid movement.

Please do not consider it so small an affair that it is not worth

taking the trouble to remit the amount asked for to our secretary. For it is only by the co-operation of the many that this scheme will be successful.

If 50 cents seems too little, more will be accepted. Please do *something* and, "lest we forget," do it now, at once. Money may be sent to our secretary, who also receives subscriptions for the JOURNAL, \$2.00 a year. The magazine is devoted to all branches of nursing work and is indispensable to the nurse who wishes to keep abreast with the work of her profession.

Another article in the same leaflet has a bearing, not only on the JOURNAL question, but on problems common to most state associations. By A. E.:

How can we induce nurses to join the state association?

This is one of those questions which is forever and eternally being asked by those who are devoting time and energy to the work of that same state association. To them it seems that this ought not to be a difficult task, but it is. The vast majority of our profession is doing "private duty," and great, noble, and self-sacrificing as is the work of the private duty nurse, it is a narrow groove. It is the private duty nurse who makes the cry for articles on "how to do things," instead of "what is being done in the nursing world," who will tell you she prefers *The Trained Nurse* to THE AMERICAN JOURNAL OF NURSING because it has articles on how to care for a typhoid patient, and how to modify milk; not seeming to grasp that the doctor for whom she is nursing will tell her how to modify the milk and what he wants done for the patient, and that for good useful information on the changes of the times, an up-to-date medical magazine such as *The Journal of the American Medical Association* will help her much more than some individual nurse's ideas on the instructions she has obtained second hand from a doctor who has obtained his from that same journal, and that his instructions have lost some of their vital points, very much as the original whisper has lost its identity in the old-fashioned game of scandal.

This, as a preface, may seem far from the mark, but I hope to prove that it is not. The question with which one is met when she asks "Will you join the state association?" or "Why don't you join the state association?" is generally, "What good will it do me?" an unanswerable question to some, more hopeful to others. What do we get out of anything in this weary world? What we put in of our own selves, our personality, our energy, and our enthusiasm. Those of you who do not read THE AMERICAN JOURNAL OF NURSING perhaps do not

realize the importance of the nursing profession, as a profession, to-day. We have attained to the dignity of a profession through the acknowledgment of that fact by twenty-three different states with the District of Columbia. Nurses, through their training and manifest fitness, are being sought for in all kinds of positions; in social and philanthropic work. The United States Government has recognized the profession at its highest when it demands that the nurses who enter its army and nursing corps shall be *registered* nurses. The cities show the importance of the nursing profession when they put nurses in the public schools; the state in trying to place nurses in the almshouses and hospitals for the insane. The United States Government in the War Department has given us seven nurses on its Red Cross Central Committee on Nursing. Training schools through the country are striving to put their curricula on a level at least with the minimum requirements of the state boards of nurse examiners. The different federations of women's clubs are putting nurses on all their philanthropic committees, and their committees on social hygiene—why? Because nurses are trained workers, trained in just the lines to make all their efforts tell. What has made the medical profession what it is to-day, a power for good in the community, a force for the betterment of conditions throughout the country and even in politics? The organization of the city, state and county medical associations, not to be a member of which stamps a man as either an old fogey or below the mark. What do they get out of it? The wonderful inspiration of organization, of being in touch with the best, of helping, if but with one's name. Just so have all the higher activities of the nursing profession sprung from organization—the alumnae association, the Associated Alumnae and, needing something less unwieldy for matters nearer home, the state association. To the state associations we owe registration and the recognition of nursing as a profession. That is something which aims higher than a mere livelihood, to the betterment of the world at large, to a larger and broader outlook for ourselves, to wider reaching interests even though we ourselves continue private duty nurses to the end. Still we are doing all the work of the state and national associations, for we are members. \$3.00 a year! Two theatre tickets at \$1.50 each, in a year! Who will dare say they cannot afford it?

THE ASSOCIATED ALUMNÆ

LET us remind our associations everywhere that plans should be definitely made as soon as possible for the sending of delegates to New York for the national meetings, and that individual members should be

encouraged to go at their own expense in addition to the official representatives. The more who go, the more life and interest will be added to the home work. There is nothing to compare with meeting others engaged in the same work for the strengthening of purpose, the raising of ideals, and the broadening of outlook. Those societies that seem half dead or asleep, and there are a few such, should make the most strenuous efforts to get as many members to these meetings as possible. We recapitulate the plans given in the official department last month for those who may have forgotten and who need something to refer to.

The Superintendents' Society will hold its meeting on May 16 and 17 in New York City at the Academy of Medicine, 43d Street. On Wednesday afternoon, May 18, the two national associations will meet together at Teachers' College to celebrate the founding of the first training school in London by Florence Nightingale. The Associated Alumnae will meet in New York City on May 18, 19, and 20. The morning session of the 18th will be at the Park Avenue Hotel, 32d and 33d Streets, which has been selected as headquarters. Those who have never been in New York will be glad to know that this hotel is on the Fourth Avenue car line which passes the Grand Central Station, and is about eight blocks away from it, less than half a mile. The meetings of the 19th and 20th will be held in Mendelssohn Hall, 113 West 40th Street.

There will be an interesting and educational exhibit of occupations for invalids in connection with the convention.

The entertainments will include a harbor trip for the 21st, concluded by tea at the new Bellevue nurses' home, one of the largest and finest in the world as far as we know, with Miss Goodrich as hostess.

Those who can do so should plan to make the convention a part of the summer vacation, staying on in the city after the close of the meetings. We refer those who wish to see the sights of the city without great expense to the articles by Miss Thornton on "What to See in New York," which appeared in the JOURNAL for January and February of this year.

Where large companies of nurses are travelling together, they should try to get some reduction in rates. On some roads special rates may be had by parties of ten.

THE NEW COURSE AT TEACHERS' COLLEGE

A RECENTLY-ISSUED bulletin of Teachers' College gives the first definite outline for work in the new course made possible by Mrs. Helen Hartley Jenkins's gift. The old department of Hospital

Economics becomes the Department of Nursing and Health and comprises four courses: (1) teaching and supervision in training schools for nurses; (2) general administration in training schools and hospitals; (3) public service as teacher-nurses, visiting nurses, and board of health assistants; (4) admission to training schools for nurses (preparatory course). The new name is, we think, an improvement on the old one, for it carries with it an idea of the work done and needs no explanation to the uninitiated.

The third course, that of public service, offers one year's work of study and lectures to two classes of applicants, graduates of training schools for nurses, and college students who have had two years' work in biology and chemistry, and who wish to specialize in health protection. The course of study includes such subjects as psychology, personal hygiene and sanitation, bacteriology, food economics, house fitting and sanitation, public sanitation, present health problems and preventive work, principles and procedures in district nursing, organization and administration of nursing associations and nurses' settlements, standard of living, social aspects of crime and abnormality, misery and its causes, efficiency and relief.

Valuable lectures and field work are also given, and affiliation with the Henry Street Settlement, Bellevue and St. Luke's Hospitals, and the School of Philanthropy makes it possible to round out the experience in a most practical manner. A limited number of working scholarships are available. Further information may be had by writing directly to Teachers' College, New York City.

A NEW DIRECTORY FOR INSTITUTIONAL POSITIONS

A YEAR ago the JOURNAL established two new bureaus, one for the purchase of books for nurses, the other for supplying institutions with nurses and nurses with positions. The book department has been very successful and will be continued. The directory has been less satisfactory, because the number of nurses applying for positions was so in excess of vacancies to be filled that it seemed impossible to do full justice to those registered, and because it involved for the JOURNAL more correspondence than could be handled without the assistance of a separate business manager. The directory is no longer registering new applicants, though endeavoring to take care of those whose time is unexpired.

Miss M. E. P. Davis, who was in charge of the JOURNAL directory when it was first established and who is now in charge of the central directory of the Graduate Nurses' Association of the District of Colum-

bia, has decided to open a similar directory there, under the name of the "National Directory for Institution and Hospital Positions of the Central Registry for Nurses." Inquiries should be addressed to 1723 G Street, N. W., Washington, D. C.

THE TUBERCULOSIS CAMPAIGN IN NEW YORK

THE conference held in Albany on March 18 and 19, ending with a great mass meeting at which President Taft and Governor Hughes were speakers, had as its object the control of the disease in the state with the watchword, "No uncared for tuberculosis in 1915."

These meetings mark the end of the publicity campaign of the State Charities Aid Association and the beginning of the constructive work of providing definitely for the care of every case in "up-state New York." The demand was made for a tuberculosis hospital for every county, and for at least one visiting nurse for each city and village, a free dispensary for each city of 5000 or over, the better reporting of cases, adequate care for the sick, and thorough disinfection after cases of death. Many well-known speakers and workers were present, among them Dr. Trudeau, Dr. Simon Flexner, Homer Folks, Dr. Knopf, and Dr. Goler.

MISS COOKE RESIGNS FROM THE PACIFIC COAST JOURNAL

WE understand that Miss Genevieve Cooke has tendered her resignation to the Board of Directors and Council of the California State Nurses' Association as editor and business manager of its official organ, *The Nurses' Journal of the Pacific Coast*.

It was largely due to Miss Cooke's effort that this journal was established and that it has been brought to its professionally influential and stable position as one of the dominating factors in nursing life on the Coast. In its earlier years she assumed the burden of the journal in addition to her other duties, not only giving her services gratuitously, but making room for the journal headquarters in her little apartment.

Such pioneer service can never be estimated in dollars and cents and can only be appreciated fully by those who have performed similar service.

IN MEMORIAM

ISLA STEWART

THE sudden passing of Miss Isla Stewart, matron and superintendent of nurses for twenty-three years of St. Bartholomew's Hospital, London, has bereft the nursing profession of one of its most admirable and most important members.

Miss Stewart enjoyed a long period of unbroken distinction in her work as a nurse; she was trained at St. Thomas', and not long after was made matron of St. Bartholomew's Hospital, the oldest, the most richly historic of London hospitals; one of the proudest distinction as a royal foundation, and one of which the atmosphere radiated enlightened progressiveness, enthusiasm for ideals, and joy in work. From the beginning, and during her whole administration there, Miss Stewart stood like a tower of strength to support the cause of the progress of nurses out of mediævalism into full professional and legal status. The force of her own unusually rich and complete nature, the weight of her position, than which none was superior, and the moral support of her Sisters were all contributed freely, unchangingly, and devotedly to the cause initiated by Mrs. Fenwick, of bringing nurses out of dependency to complete self-rule and legal recognition as an educated body of professionals. So bitterly resented was this campaign by the conventions and traditions, so hostile the powerful bodies it had to war upon, so troublesome and exhausting the many battles that must be waged, that, among the twelve hospitals usually counted as most important in London, no other matron was courageous enough to stand with her. Others there were, but not in this select circle of the twelve. This shows her strength of conviction and of loyalty; another proof of her rare equipment of character is given in the remarkable fact that she ever preserved the friendly regard and liking of all those against whom she was arrayed in the most uncompromising manner. She had a geniality, a generosity of the heart, a largeness of outlook that distinguished her among others so endowed. Her opinions on all subjects were liberal and broad. She rejoiced in the full development of individuality, yet cultivated all the avenues of co-operation and associated endeavor. Under her sway, the school at St. Bartholomew's remained and is, as it was when she took it, conspicuous for progressiveness and liberality of view, and these characteristics are stamped upon the women who have trained there.

Miss Stewart's death came in the way most workers would have death come—without previous sacrifice of her work; she was in the hospital and in her committee room one day, and three days afterward her spirit had taken its flight. Mrs. Fenwick was with her, and a life-long comradeship of rare quality was thus unbroken to the last.

MARY BROWN OF VIRGINIA, JANUARY, 1910

The recent death of one of our profession is so tragic and unusual that it may properly be brought to the attention of our readers everywhere.

Mary Brown was a native of Virginia, young, trained in a Washington hospital, and but recently graduated. In December last she was engaged to nurse a very sick man in Washington; she had been with him a few weeks and, though improving, he was still in a dangerous condition. One morning late in December she left the sickroom and was in another room speaking with the family when the sick man appeared in the doorway armed with a pistol which he leveled and aimed at his wife. Miss Brown started toward him and was shot full in the breast. Mortally wounded, she reached her patient, secured the pistol and took it from him, went into the hall to the telephone and called the doctor to the house. She then collapsed and was taken to a hospital where, a few days later, she died.

These circumstances attracted much attention in Washington and the newspapers of both Washington and Baltimore commented editorially in the highest terms upon the courage, heroism, and devotion of this young nurse, and her brave facing of duty and danger. At once a movement was begun to secure for her the Carnegie medal for bravery, but her death occurred before the medal could be obtained.

A medal could commemorate this noble deed, but no such testimonial could be finer than the spontaneous sympathy, admiration, and solicitude shown by those who knew Miss Brown professionally, by the surgeon who attended her in vain, and by the press of two cities. Among nurses this event should make an unfading impression. A nurse on a battlefield, in an epidemic, in a city stricken by fire, earthquake or flood; a nurse with a contagious patient in an infected house, or alone at night with an insane person, or closely confined with a victim of specific infection—all these meet danger daily, but not so suddenly and distinctly as she who faced a loaded pistol in the hand of a frenzied man. Unhesitating coolness and courage with immediate prompt action, self-control and presence of mind of the very highest order after receiving a death wound, thoughtfulness for others as long as she could serve them, and fortitude to await her own end during the few hopeless days that remained to her—these are the priceless virtues which this young and unknown nurse brought to her work, and her example is a precious heritage for all of our profession. To few of our number is it given to rise beyond obscurity; but this young Virginian, cut off at the beginning of her days, ranks with the heroines of our history; an example for all whom she left behind, an inspiration for all who know her story, a fit inheritor of the Divine promise “Be ye faithful unto death and I will give you a crown of Life.”

THE MORAL INFLUENCE OF SUPERINTENDENTS AND HEAD NURSES

BY ELISABETH ROBINSON SCOVIL

Late Superintendent of the Newport Hospital, Newport, R. I.

SOME years ago, during one of the conversations which it was my great privilege to have with Florence Nightingale, we were discussing the influence of a superintendent upon her nurses. She spoke of one who had recently died and said with much emotion, "She was a mother to her nurses, all her sympathies were with them." Referring to her successor she said, with a whimsical smile, "She is just a book with a skeleton in front." Miss Nightingale, with her deep insight into human nature, touched the very core of the secret of a superintendent's influence over those under her charge.

She must have the power of sympathy, if she is to win the hearts of her nurses and bring out all that is best and noblest in them. She must be able to see things through her nurses' eyes and realize how they appear from their point of view, if she is to win their hearty acquiescence and cordial co-operation in the measures she devises for their good. Before she can create an *esprit de corps* in the school she must be able to inspire a personal loyalty to herself, and when this is once accomplished the tone of the school will rise imperceptibly to any height she wishes it to attain, or any standard she can set for it.

Women will do much for love and from a desire to please that cannot be extorted from them by any outside pressure, and nurses are no exception to the rules that govern their sex.

Perfect justice and fairness should mark all the dealings of a superintendent with her pupils. If they have confidence in her and know that she sincerely intends to judge justly, they will not resent it if her fallible human nature sometimes betrays her into judgments that seem to them unduly harsh, or lenient, to the offenders. She must try to hold the scales of justice evenly and to strike the balance fairly between the sometimes conflicting claims of the hospital authorities, the patients, and her nurses. If the latter are imbued with a deep conviction that their interests are safe in her hands, they will not resent the concessions that it is sometimes her duty to make to the other members of the triad.

When a superintendent is known to be careful of the comfort and

welfare of her nurses, using her influence to procure for them proper hours of service, with time for study and recreation, comfortable and well-served meals, and in every way in her power helping to better the conditions under which their work must be done, she is in a position to ask for extra service when it is needed without the fear of its being rendered unwillingly.

The moral influence of a superintendent cannot be great unless she can inspire respect in her nurses. If they feel that she sincerely wishes to do what is right and is herself honest and upright, she will have less difficulty in exacting the same standard of conduct in them. Fear of offending or grieving her by acts of doubtful import should be strong enough to make them wish to avoid them.

There are, of course, cases in which no motive seems to be powerful enough to prevent those who wish to do so from breaking the clearly-defined bounds that must hedge in a training school. When the offence is flagrant and wilful the superintendent loses her moral influence unless she is strong enough to punish it, not vindictively, but justly, quite undeterred by any possible loss of popularity. The appeal is to the moral sense of the school and it is seldom made in vain if the facts are clearly understood.

If the superintendent can make friends of her head nurses and executive officers and make the undergraduate nurses feel that everything she does is intended to conduce to their ultimate good, the question of discipline becomes a less difficult one. The day may come when the self-government that is the rule in some schools and colleges will be introduced into training schools and the nurses will make their own laws of conduct and punish by public consent any deviation from them. When this is the case the problem of discipline will be happily solved.

One of the most potent means that a superintendent can use to enhance her influence is judicious praise. It must be employed sparingly and not given without due cause. When a nurse knows that kindly appreciation will follow her efforts to do her work especially well, or warm acknowledgment will reward any special triumph of care and watchfulness in a difficult case, she will be stimulated to do her very best and even to try to achieve the impossible. The disheartening feeling that what one does matters little to those in power, so long as one gets through certain prescribed duties fairly well, should never be allowed to creep into a training school. There should be quick recognition of unusual ability or faithfulness, and trustworthiness should be rewarded with appreciation, not only felt, but expressed.

Head nurses come so much nearer to the pupils in daily contact

than it is possible for the superintendent to do that their opportunities for exercising moral influence over them is perhaps even greater than hers.

It has often amazed me to see how completely some head nurses seem to have forgotten that they were once probationers and assistant nurses themselves. Not a memory, apparently, remains of the trials and difficulties that they themselves underwent in their previous undeveloped existence, before they attained to their present dignity.

The Golden Rule is as important a part of a head nurse's equipment as a knowledge of the latest procedure in asepsis, or the best way to move a helpless patient. She cannot do unto her nurses as she would wish them to do unto her, should the situation be reversed, if she has forgotten how it feels to be an anxious probationer, or an ambitious assistant nurse.

The head nurse has absolute control of her ward in many ways and it rests with her whether it shall be a place to which the pupils long to be transferred, or one to which they dread and dislike to come. She regulates the atmosphere of the ward in far more than the physical sense, and is responsible for the spirit that animates it. We can all look back and remember head nurses whom we loved in spite of their strictness and insistence on the exact fulfilment of every duty, and others whom we neither liked nor respected, though they did not hold us so strictly to account in minor matters. The daily example of the head nurse cannot but have the most powerful influence over those who are so closely associated with her in the routine work of the ward.

Her standard of honor must affect them, whether they are fully aware of it or not. If a mistake is made in carrying out orders and she endeavors to conceal it, or to shift the blame on some one else, who perhaps was less responsible than herself, instead of bravely acknowledging the facts and doing her best to repair the mischief, her nurses' respect for her and confidence in her must be diminished. If their own moral sense is weak they are confirmed in the belief that it is clever to escape unpleasant consequences by any means in one's power. If they are of stronger moral fibre they must despise her for the subterfuge, yet there is a lowering of the standard that may make it easier for them to fail in some moment of trial, remembering that she successfully evaded the penalties of detection. It is almost impossible to do wrong without harming others, nor right without helping them.

The head nurse's attitude towards the rules of the hospital has an immense influence on the nurses. Obedience to authority is very difficult for some natures. Rules present themselves to such persons as something to be evaded if possible, a challenge to disobedience. Laws are made

for the benefit of the governed, theoretically at least, and if those who are bound by them cannot see the wisdom of any particular one they are not therefore free to disobey it. Having voluntarily placed themselves in an institution, it is their duty to submit to any restrictions that may prevail there without rebelling against them. If the head nurses are honestly desirous to assist the authorities in maintaining the order that comes from obedience to regulations they are a tremendous power for good.

Things that are perfectly harmless in the outside world are an infringement of the decorum that should prevail in a hospital, where sickness and suffering are the staple of life, and every energy during working hours should be concentrated on their alleviation. If a head nurse permits herself to indulge in trifling conversation or the mildest flirtation with the medical students whose duties bring them to the wards, she must not be surprised if her nurses follow her example, should they be inclined to such frivolities. She cannot expect them to be reserved and dignified if she lowers her own dignity in this way. When she herself is blameless it is more easy for her to impress upon a young nurse that these things, which are absolutely harmless in other surroundings, are out of place in a hospital ward and will not conduce to her good standing in the school.

In no other way can a head nurse exert more influence over her nurses than in the model she sets before them in her treatment of the patients. Kindness, gentleness, patience, we all know the good qualities that belong to the ideal nurse, but oh! how hard to possess them when one is tired and worried and the impatient word comes so easily, or the trivial neglect seems to matter so little. It is then that the steadying influence of the head nurse makes itself felt. If the spirit of kindness and consideration pervades the ward, the nurses fall in with it and are kind and considerate too, they are ashamed to be otherwise, even if no nobler motive inspires them.

The hospital exists for the patients and for no other reason. The nurses are there to be trained for the care of other sick persons. No one quality will so further their success in private nursing as a kind and sympathetic manner. Is it not then a nurse's duty to acquire one? She can only do it by constant practice. It is the head nurse's duty to teach her by example and precept that no trouble is too great to take if it adds to the comfort of a patient or helps to relieve pain, and that no annoyance is too small to be removed if its absence will assist in bringing ease to a sufferer.

Many times in their future career they will thank her for the lesson and remember, tenderly and gratefully, her influence over them for good.

HOOK-WORM DISEASE *

By HARRIET B. GIBSON, R.N.

Graduate of the Scranton State Hospital, Scranton, Pa.

THIS is a disease common in tropical Europe and in the southern states of America, and is caused by the growth of the *Uncinaria* or hook-worm in the intestines of man and in many of the domestic animals. It is characterized by anæmia, stunted growth, and an indisposition to do any work.

Parasitology.—Two varieties of the worm are noted, commonly called the American and the European types. The American hook-worm is cylindrical shaped, 7–11 mm. long, and possesses a dorsal and ventral pair of lips at the mouth, a prominent buccal tooth, and four buccal lancets. The ova or eggs are thin-shelled, oval in shape, and are 60 to 70 mm. in length, and 30 to 40 mm. broad. These are usually found in the discharges of patients.

History.—The Old World hook-worm was first observed by Dubini in 1843, when he called it the *Uncinaria*. It was also studied by Raillet in 1885. The American type was studied and popularized among the medical profession by Dr. Charles Wardwell Styles, who at the American Sanitary Congress made the public announcement that the laziness and shiftlessness of the poor whites in the south were due to infection with the hook-worm disease, the germ of laziness, as it was called.

Sources of Infection.—This occurs in two ways: (1) through the skin, with dirt and fecal material getting into the general circulation and passing into the heart, lungs, larynx, œsophagus, stomach, and intestines, where they attach themselves with their lips; (2) the hook-worm also enters the system by the mouth, with food which has been contaminated, or with dirt which is eaten by some people of the south and the tropics.

Climate and Hygienic Surroundings.—The disease occurs in warm climates, especially in countries where the drainage and sewerage systems are not properly looked after. It is most common among people who come in contact with damp earth, as farmers, miners, tunnel diggers, and people who go bare-footed.

Symptoms vary with the severity of the disease, some cases being of great intensity, others of a rather mild type. The common symptom of the disease is an anæmia of characteristic form. The pallor is most

* Read at a meeting of the State Hospital Training School Alumnae.

marked about the nose, resembling tallow in color. The skin is dry and parchment-like, perspiration being nearly suppressed. The eyes are of great diagnostic value, being a cross between the eyes of a fish and those of a drunkard. Œdema of the face, feet, and ankles is usually present. The face is stupid and bears an anxious expression. The appetite is ravenous at first but later it may be completely absent. Perversion of the appetite is a common symptom. A taste for chalk, charcoal, tobacco ashes, mud, clay, sand, and rotten wood is frequently noted. The muscles of the body are soft and flabby, the patient is weak, tires very easily, and is obliged to rest on the slightest exertion. Mental lassitude, headache, and dizziness are frequent.

In cases of infection before puberty, a delayed development and stunted growth are common among the poor whites in the southern states.

Diagnosis of the disease is made by the above symptoms and the finding of the ova in the stools.

Treatment.—The drugs used in the treatment of uncinariasis are thymol, male-fern, and betanaphthol, the best being thymol.

A regular treatment is usually given as follows: (1) The patient is dieted to get rid of all mucus in the alimentary tract. (2) Cascara or salts is given to clean out the bowel. (3) On the morning after the bowels are thoroughly emptied, thymol is given in 20–30 gr. doses. Two hours later 20 gr. are given again. Follow the last dose of thymol by a large dose of salts. The above treatment ought to be carried out three times. Alcohol, castor oil or any other solvents of thymol must never be given following the use of the drug. Male-fern is used in the dose of 1–2 drachms, followed by the use of salts.

Prevention.—Since the fæces of hook-worm patients represent the infection in concentrated form, it is clear that a proper disposal of the discharges is the great factor in preventing hook-worm disease. Build proper drainage sewers and privies, and insist that they be used. The use of shoes may be insisted upon to prevent entrance through the skin, but this is difficult to adopt if the patients are very poor. The water ought to be boiled, but even this is sometimes impracticable among the poor. If the fæces are disposed of, the danger of infecting the water is removed. To keep the hands clean is, of course, an excellent plan, but unfortunately is of limited application. The great principle is to prevent the dirt from becoming dirty, sweet clean dirt is not dangerous.

AN OBSTETRICAL CASE AT HOME *

BY JENNIE M. PUTNAM

Graduate of the Illinois Training School for Nurses, Chicago.

WHY so many nurses consider this work objectionable and register against it, I cannot understand. What is more beautiful than the entrance into this world of a new life, and should we not as nurses rejoice in the part that we are able to play?

When engaged for an obstetrical case, make the personal acquaintance of your patient. Call upon her, if possible. Show your interest in her welfare. You may advise in the selection of a lying-in room which will be most pleasant and convenient. Note means of heating and ventilation, and arrange accordingly. Where convenient two rooms adjoining are better than one, so the babe need not be kept in the room with the mother. Arrange definitely in regard to time and your price. Give the patient your obstetrical list and any explanations she may wish. Make yourself her helper. Keep closely in touch with her during the remaining period of pregnancy. Call and see her occasionally or write to her.

At the appointed time be ready for duty. It is well to be present a few days prior to the date of child-birth, so sterilizing may be done and all be in proper order. The use of a small portable sterilizer greatly simplifies the work of sterilization, and in emergency work is almost a necessity.

The days of sterilization in a wash boiler are practically over. There are easier ways of procuring sterile goods at a moderate cost and in most large cities there are graduate nurses who make a business of furnishing such supplies. Large or small packages are kept ready; any amount of material can be purchased ready sterilized, from one accouchement pad to a dozen vulva pads or twenty-five applicators. With sterile goods ready in sealed packages, it is a very simple matter to get ready for an obstetrical case. The plan of buying sterile gauze and cotton and making it up hurriedly with hands not sterilized is a dangerous one.

The lying-in room should be carefully cleaned, all unnecessary articles being removed. Give the patient a preliminary preparation. Get in

* Enlarged from a paper read before the Alumnae Association of the Illinois Training School.

touch with the physician in charge of the case; learn the solutions he uses and any special utensils he may desire.

Where the waiting period is long, time often drags for both patient and nurse, but make yourself a help rather than a burden to the family; aid in the care of older children, find some regular duties which will relieve the expectant mother; adapt yourself to the routine of the family life; win the good-will of the servants. All this will be a help to you when your active work begins.

When labor commences, have the room in complete readiness as soon as possible. Lace curtains and rugs are removed and the floor wiped with a damp cloth. Bon ami applied thickly on the windows makes a very satisfactory frosting, is quickly applied, and does not shut out the light. For a solution table, secure a good sized firm one. If such an old table can be found, use it. Dry-goods boxes with planks laid across them will answer the purpose or, with proper precaution. the most highly polished library table may be used without injuring it in the least. All depends upon the home in which you are working what you find to work with. It is well to remember that in the homes of people with limited means, it is much more to them to have the varnish stained or removed from a very ordinary table which may be their best, than to have the same accident occur to the most highly polished mahogany in a wealthier home. So use the same precaution in either case. The top of dresser, dressing table or chiffonniere may be used for supplies. Cover each article of furniture with a thick pad of newspapers. Where hot basins or solutions of any kind are to stand, place over the newspapers pieces of boards, and cover these with a second pad of newspapers, letting them project well over the edges. Then cover all with a sterile sheet or towels. Where the bedstead is of highly polished wood, several thicknesses of newspaper fastened to the side of the mattress and allowed to fall over the side of the bed will protect it from any dripping of solutions. Covering the floor about the bed and solution table with papers will save much after work.

Complete the surgical preparation of the patient, make the bed with sterile linen, see that quantities of hot and cold sterile water are at hand, that basins and pitchers are sterilized and ready for use. Assisting the patient, attending to her needs and comforts, waiting upon the accoucheur, caring for the infant when first born; each minute brings its own work until the mother is once more resting quietly and baby has had his first drink of water.

Where it can be so arranged, it is well to have the lying-in room

another than the delivery room. Then, as soon as labor is over, the patient is removed to the fresh room.

Quickly and quietly clear away the débris. Wrap bed-pads, placenta, and soiled dressings in bundles of newspapers and burn in the furnace or stove. In houses warmed by electricity or gas some arrangement must be made with the janitor to have the waste disposed of. Never throw these things in the garbage or ash barrels. Place soiled linen in cold water and at the earliest opportunity rinse and send to laundry.

For the after care of mother and babe adopt a routine of work. Arrange the baby's feeding hours so that they do not interfere with the mother's meals. Train the child from the first to regular habits in sleeping and eating. Dress the infant simply and warmly. Let the mother become accustomed to the baby's crying.

Make the surroundings as cheerful as possible. Often there is a tendency on the part of the lying-in patient to moments of despondency. After the fifth day, if all is well, allow friends to be with her for short periods of time.

Place soiled dressings and pledgets in paper sacks or newspaper cornucopias and have them burned. Small squares of muslin placed within the infant's napkins and when soiled, burned, will save much washing.

Where the mother so desires, take charge of the washing of the baby's flannels. It only takes a few minutes each day, and where economy must be considered, relieves the patient of considerable worry.

All sterile utensils used should be resterilized each day. By turning one basin over another, they may be kept practically sterile. Keep sterile pitcher covered with sterile towel. Keep the hand brush for scrubbing in a jar of lysol or bichloride solution. Baby's nipples and water bottle are to be kept in a weak boric solution. Sterile water, boric solution, and bichloride solution (when used) keep in Mason jars with tops screwed on tightly. Keep hot sterile water constantly in the tea-kettle.

Just how long after the birth of the child a nurse should remain, all depends upon the condition of the mother and baby. Where both are strong and well, three weeks are usually sufficient.

Frequently opportunities are offered to convert ourselves into nurse maids, but is not our profession one which should take us into broader and more helpful fields of work?

THE HIGH CALORIC DIET IN TYPHOID

BY MARY E. THORNTON, R.N.

THE ideal diet (which has been defined as "that combination of foods which, while imposing the least burden upon the body, supplies it with exactly sufficient material to meet its wants"), never of more importance than in typhoid, would seem to have been attained in the higher caloric diet, and while it is a difficult one to administer, calling for the utmost accuracy on the part of the nurse and the greatest care in rendering it attractive, the results are very satisfactory; after the first week the patients gain one or more pounds in two days, occasionally two pounds in three days; in the convalescent stage the patient does not feel weak or dizzy when sitting up for the first time.

At Bellevue Hospital, Dr. Warren Coleman has for the past two years been experimenting with the higher caloric carbohydrate diet and believes that the most potent factor in the losses of the disease is partial starvation. He calculates the minimum energy requirement of the typhoid thus: "A normal man at ordinary rest requires about 33 calories per kilo of body weight each day; the average typhoid requires a 25 per cent. addition to meet the febrile increase in heat production; this gives 41 calories per kilo of body weight per day, or approximately 3000 calories for a man weighing 150 pounds," and states that his "best results were obtained when the diets furnished from 60 to 80 calories per kilo per day or 4000 to 5500 calories; in one case 100 calories per kilo or 6000 calories a day and in another 7700 calories per day were given." Dr. Coleman's diet consists of milk, cream, milk-sugar and eggs, small slices of toast or stale bread, and as much butter as the patient wishes, daily quantities being about $1\frac{1}{2}$ quarts of milk, from 1 to 2 pints of cream, $\frac{1}{2}$ to $1\frac{2}{3}$ pounds of milk-sugar, and from 3 to 6 eggs. The food is given every two hours during the day, and every three hours during the night.

A specimen schedule of feedings is as follows:

Breakfast, 7 A.M. Coffee, 6 oz., with cream, 2 oz., with milk-sugar, 50 Gm.; toast, 2 or 3 slices with butter, 30 Gm.; cereal, 4 oz., with cream, 2 oz.

9 A.M. Milk, 4 oz., with cream, 4 oz., with milk-sugar, 30 Gm.

11 A.M. Two eggs, soft-boiled, mashed potato, 100 Gm., custard, 8 oz., toast, 3 slices with butter, 30 Gm., milk, 4 oz., with cream, 4 oz., with milk-sugar, 30 Gm.

1 P.M. Milk, 4 oz., with cream, 4 oz., with milk-sugar, 30 Gm.

3 P.M. Stewed prunes or apples, 2 oz., milk, 4 oz., with cream, 4 oz., with milk-sugar, 30 Gm., or substitute cocoa for milk.

5 P.M. Cereal, 6 oz., with cream, 3 oz., toast, 3 slices with butter, 30 Gm.; 1 egg, soft-boiled.

7 P.M. Milk, 4 oz., with cream, 4 oz., with milk-sugar, 30 Gm.

10 P.M. Milk, etc., as at 7 P.M., and repeated at 1 A.M. and at 4 A.M.

An effort is made to get in an occasional lemonade or orangeade; this schedule represents about 6020 calories.

The custards, jellies, junkets, and ice cream, made with milk-sugar, are prepared in the diet kitchens, and one nurse is made responsible for the administration of the diet.

Dr. Coleman does not use meat nor its juice, believing by the avoidance of these, that the protein loss is kept lower, and advises the use of meat sparingly, even in convalescence.

As a rule the diet is taken well, but should the patient be unable to retain it or in the event of milk curds showing in the stools, peptonized milk is given for a few days and then gradually the diet of milk, cream, and milk-sugar is resumed. Milk-sugar, Dr. Coleman advises, should be given in small quantities at first and gradually increased, $\frac{1}{2}$ oz. to 6 oz. of milk, until if possible the patient can take 6 oz. of milk, 2 oz. of cream, and 2 oz. of milk-sugar; the milk-sugar may be added to tea, cocoa, coffee, or used in making custards and ice cream; in making lemonade, the water and sugar are boiled for two minutes before adding the lemon juice—4 oz. of the sugar to 8 oz. of lemonade.

At the New York Hospital Dr. Connor's typhoid diet is used with good results; cereals, gruels, arrow-root, tapioca, cornstarch pudding, cream, cocoa and custards, eggs, scraped beef, pasteurized milk with vichy, lemonade, and milk-sugar when patient can take it are included in this diet. A specimen diet sheet is as follows:

Breakfast: One soft-boiled egg, 75 c.; 2 tablespoons hominy or farina, or $2\frac{1}{2}$ tablespoons oatmeal (well cooked), 100 c.; milk, 3 oz., 60 c.; cream, 2 oz., 200 c., making 435 calories.

Dinner: Beef juice, 1 oz., 50 c.; scraped beef, 1 oz.; oatmeal gruel, 8 oz., 100 c.; with cream, 2 oz., 200 c.; ice cream, 3 tablespoons, 200 c., making 550 calories.

Supper: One soft-boiled egg, 75 c.; oatmeal gruel, 8 oz., 100 c.; with cream, 2 oz., 200 c.; wine jelly or custard, 3 tablespoons, 100 c., making 475 calories.

Cream, 16 oz., is used for each patient every day from 6 A.M. to 8

P.M. Pasteurized milk, 6 oz., 120 c.; cream, 1 oz., 100 c., giving a total of 3220 calories, and lactose, if borne by the patient, will bring this amount up. On the first day that the temperature is normal, cream soups, chicken gravies, sandwiches, baked potatoes may be given; on the third day, chicken; the fourth, chops, until a normal diet is established. A table of the approximate caloric values of standard portions has been worked out and is as follows:

* One standard portion = 100 calories (approximately).

Apple, baked, 1 (medium sized).	Junket, or koumyss, 7 oz.
Apple sauce, 4 average tablespoons.	Lactose, 1½ tablespoons.
Apricots, pulp, 1 flat tablespoon.	Lamb (roast), thin slice, 3 x 3.
Bacon, 2 medium slices.	Lemon juice, 9 oz.
Beef (roast), thin slice 2 x 2.	Lettuce (small head), ½ "S. P."
Beets (¼ "S. P."), 5 average slices.	Milk (whole), 5 oz.
Bread (baker's), 1½ large slices.	Buttermilk, 8 oz.
Butter, 1 average "pat" (square).	Oatmeal, 2½ heaping tablespoons.
Celery (½ "S. P.") medium bunch.	Onions (boiled), 5 (small), ½ "S. P."
Cheese (cream), 2 cubes.	Orange, 1 very large or 2 medium.
Chicken (average serving portion second joint, breast and wing).	Orange juice, 6½ oz.
Chops (lamb), 1 (average).	Potato, baked, 1 (medium size).
Corn (stewed), 2 heaping tablespoons.	Potato, boiled, 1 (medium size).
Cornmeal, 1 scant tablespoon.	Potato, mashed, 1½ heaping tablespoons.
Cornstarch pudding, 1 scant tablespoon.	Prunes, stewed, 6 (medium size).
Cream, 1½ oz. (20 per cent.).	Rice, boiled, 2½ heaping tablespoons.
Custard (baked or boiled), 2½ heaping tablespoons.	Rice pudding, 1½ average tablespoons.
Eggs, whole, 2 (large), 1½ "S. P."	Sago pudding, 1½ heaping tablespoons.
Eggs, whites, 5.	Soup (cream of celery), about 7 oz.
Eggs, yolks, 2.	Soup (pea), about 5 oz.
Fish, pollock, ½ "S. P."	Soup (vegetable), about 10 oz. (½ "S. P.").
Fish, haddock, 3 x 2 x 1.	Spaghetti, 1 scant tablespoon.
Hash (corned beef), 1½ heaping tablespoons.	Spinach, 2 heaping tablespoons.
Hominy, 2 heaping tablespoons.	Squash, 2½ heaping tablespoons (½ "S. P.").
Ice cream (diet kitchen), 1½ heaping tablespoons.	Sugar, 6 level teaspoons or 45 Gm. loaf.
Ice cream (hospital), 2 heaping tablespoons.	Tapioca, 2 overflowing tablespoons.
Jelly (wine), 3 average tablespoons.	Toast, 1¾ large slices.
	Tomato, fresh, 4 (average).
	Wheatina, 1 heaping tablespoon.
	Whey, 6½ oz. (½ "S. P.").

At the St. Luke's Hospital a modified Coleman diet and a Shattuck are both given with good results.

The Shattuck diet is: 6 A.M., milk with vichy, 6 oz.; 8 A.M., coffee

and strained cereal; 10 A.M., cocoa and one soft-boiled egg; 12 M., broth or zoolak; 2 P.M., milk and scraped beef sandwich; 4 P.M., milk or cocoa and one soft-boiled egg; 6 P.M., milk toast; 8 P.M., zoolak; 10 P.M., milk or broth.

The modified Coleman: 6 A.M., milk, 8 oz., with milk-sugar, 1 oz.; 8 A.M., milk, 8 oz., with milk-sugar, 1 oz., and one egg; 10 A.M., milk, 8 oz., with milk-sugar, 1 oz., and cocoa; 12 M., same quantity milk with milk-sugar and one egg; 2 P.M., same quantity of milk with milk-sugar and sherry; 4 P.M., same quantity, and cocoa; 6 P.M., same quantity, and one egg; water *ad. lib.*, and during night broth or lemonade every two hours.

SUGGESTIONS FOR WHAT IS REQUIRED IN BUILDING A NURSES' HOME

By AGNES S. WARD, R.N.

Superintendent Metropolitan Training School, Blackwell's Island, New York

(Continued from page 401)

Library.—A large, light, pleasant room ought to be chosen for the library. We hear a great deal about nurses becoming so one-sided during their training, thinking of nothing but their patients and their classes. The reason for this, in many instances, is that the nurse has no place to read comfortably, and a library supplied with the daily papers, magazines, and a good assortment of books would be a great advantage in enabling the nurse to keep up with current events, so that when she graduates she will not feel as though she were years behind the times. If desired, the bookcases could be included in the building plans, being made sufficiently large to allow for additional volumes. This room should be especially well lighted and provision made for drop lights on reading tables.

Lecture Room.—If desired, the lecture room might be planned adjoining the library, the rooms being divided by vertical rolling doors which can be removed when it is desired to hold commencements, dances, etc. A movable platform might be provided for this room to be used when needed. There should be an abundance of closet room for keeping articles required for class demonstrations, manikin and skeleton; a bulletin board where notices or rules may be posted; and chart holders for anatomical charts.

Demonstration Room.—Where possible, a demonstration room should be connected with the lecture room. Here we may have a number of beds where the probationers can practice bed making and have practical examinations, and where pupils may have instruction in massage. This room should be sufficiently large so that it can be divided by doors; one half being used as an instruction laboratory where the nurses will receive their preliminary instruction in dietetics before going to the hospital diet kitchen. This should be fitted with zinc-covered tables and individual drawers, to contain the equipment required by the nurses. These drawers should be supplied with good keys; then each nurse can be held responsible for leaving everything in perfect condition. A stove is required for each nurse. There should also be dressers, refrigerator, a sink with running water, and a table with a number of small sinks and running water where any work required in bacteriology or chemistry could be given.

This room should be kept entirely for instruction and not used as a diet kitchen for sick nurses, because when so many people have access to this kind of a room things are put away in poor condition, or supplies are lost, and it is difficult to hold any one responsible.

Offices.—At least two or three offices are essential; one where the nurses will receive their mail and parcels, and register on entering and leaving the home; and one for the housekeeper or bookkeeper. In connection with these offices there should be a filing room where books, stationery, and the records of sick nurses are filed.

Physician's Suite.—The physician who cares for the sick nurses in a large home spends a good deal of time in examining and prescribing for them. In case of severe illness he frequently stays several hours at a time, and sometimes even all night. A suite consisting of sitting-room (to be used as office), bedroom, and bath would not only save a great deal of the doctor's time in the general care of the nurses, but would give him a place which he felt was his own whenever it was necessary for him to stay. The sitting-room of this suite may be used by the superintendent as an office when it is necessary for her to interview nurses, or do special work in the home.

These rooms—reception hall, library, lecture room, demonstration room, dining-room, kitchen, scullery, etc., doctor's suite, offices, lavatory and cloak room might be located on the first floor, giving the other floors practically over to bedrooms.

Lounging Rooms.—In all the rooms on the first floor it is necessary that the nurses wear either uniform or street clothing; a lounging room, on each bedroom floor, where the nurses can be comfortable in



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LIBRARY AND LECTURE ROOMS, WITH VERTICAL ROLLING DOORS PUSHED UP.

their kimonos during the evening hours and still gather together to read or visit, would be a distinct advantage.

If it is not possible to have a tea room, attractive cupboards, gas, and sink could be located in one end of these rooms. If possible, it is well to have a class on each floor, thus giving a lounging room to each class.

Tea Room.—When the nurses have an hour or two off duty in the afternoon, they are frequently extremely tired, and much of the time is spent in simply resting. If a tea room be provided, where they can make a cup of tea, they will feel refreshed and the rest hours will more frequently be spent out of doors, or in some other profitable way. Then, too, the social time over the cup of tea sends the nurse back to her ward feeling very much at peace with the world. This room should be fitted with gas stove, a sink with running water, and a dresser for dishes.

Infirmary.—The care of the sick nurses is frequently overlooked in the building of the home, and it is a matter which ought to receive the closest attention. The infirmary should be located near the top of the building, and have a bright sunny exposure. It ought to be so arranged that it can be entirely shut off from the rest of the building—perhaps in one wing—with free access to the fire escape.

The following rooms are suggested: an operating room with a good light; a diet kitchen, crematory and sink room, bath, lavatory, linen room, and as many sick rooms as desired. These should be especially large, light, and airy.

Instead of a stationary bath, a movable tub could be used—this could be moved from the bathroom where floor drainage is arranged to give bedside baths, or tubbing to reduce fever.

Baths, Lavatories, and Toilets.—There should be one bath-tub for at least every five people. A number of tubs can be located in one room and divided by suitable partitions, making each entirely separate. Shower baths are not likely to be much used by women. A wash bowl and toilet should also be provided for about every five people, but the stationary bowls should not be expected to take the place of the wash bowl and pitcher in the room, as many people dislike washing where there are others around.

Small stationary wash tubs, in which the nurses can wash out handkerchiefs, collars, etc., could be located in the toilet or lavatory on each floor.

Slop Hoppers.—A closet with slop hoppers and accommodations for brooms and pails ought to be located on each floor. This not only does away with the unnecessary passing through the lavatories, but will also

do away with any chance of waste water being thrown in the wash bowls, or pails being emptied into toilets, which often causes breakage and stoppage.

Pressing Room.—A small room fitted up with electric irons and boards will enable the nurses to press light dresses, handkerchiefs, and many small articles which can scarcely be sent to the laundry. This room might be located in the attic, convenient to the elevator.

Linen and Sewing Rooms.—The linen and sewing rooms might be located on the attic floor near the elevator; this is much better than a basement sewing room. The sewing room should be as light as possible, and the linen room next to it, equipped with long tables and rows of wooden boxes about 18 inches by 18 inches all around the walls.

Make the lowest row 4½ feet from the floor, and under this a cross piece, with as many hooks as there are boxes above it. There should be as many boxes as there are nurses. The clean linen is all sorted in this room—the home linen sent to the linen rooms, and the nurses' linen put in these boxes, with the exception of the skirts which are hung on the hooks.

The boxes should be numbered, and a typewritten list in the room will show just where each nurse's clothing is placed. The nurses call for their clothing each Saturday evening.

One general linen room from which the home linen is distributed might be located on one floor, or smaller rooms might be located on each floor. A general cedar closet for storing blankets, or a small one on each floor would insure against moths.

(To be continued.)

DIET LISTS FOR OBSTETRICAL PATIENTS

(Continued from page 391)

V. BY JESSIE F. CHRISTIE, Chicago

THE fruit given depends upon the season of the year. I do not usually give grape-fruit, but all other fresh fruits.

The amount of liquids given depends upon the condition of the breasts. I find that if I do not give a great deal of liquid diet the first three days, my patients are much more comfortable.

The general rule is, no meat till after the third day; after the

third day, anything which the patient enjoys and can digest. Care must be taken to avoid foods which cause flatus.

First day. Breakfast: Oatmeal, toast, coffee. Dinner: Soup, poached egg on toast, baked custard, milk. Supper: Milk toast, canned or stewed fruit, tea, or milk.

Second day. Breakfast: Fruit, cracked wheat, toast, coffee, scrambled egg. Dinner: Soup, gravy toast, potato, spinach, rice pudding, milk. Supper: Omelet, canned or stewed fruit, cake, tea, or milk.

Third day. Breakfast: Fruit, cream of wheat, soft-boiled egg, toast, coffee. Dinner: Soup, scalloped oysters, cocoanut custard. Supper: Creamed toast, baked apple, cake, tea.

Fourth day. Breakfast: Fruit, oatmeal, poached egg, toast, coffee. Dinner: Soup, lamb chop, potato, string beans, lettuce, apple tapioca. Supper: Chicken croquettes, Irish moss blanc mange, cake, tea.

Fifth day. Breakfast: Fruit, rolled wheat, shirred egg, toast, coffee. Dinner: Soup, white fish, potato, carrots, fruit salad, Spanish cream, milk. Supper: Oyster stew, tomato salad, tapioca jelly, cake, tea.

Sixth day. Breakfast: Fruit, cracked wheat, ham, toast, coffee. Dinner: Soup, roast beef, potato, creamed celery, vegetable salad, prune soufflé. Supper: Creamed sweetbreads, caramel custard, cake, tea.

Seventh day. Breakfast: Fruit, cornmeal mush, creamed finnan haddie, toast, coffee. Dinner: Soup, fricassee of chicken, potato, asparagus salad, ice cream, cake. Supper: Mushrooms on toast, apple float, cake, tea.

Eighth day. Breakfast: Fruit, oatmeal, poached egg, toast, coffee. Dinner: Soup, roast lamb, potato, green peas, salad, fig pudding. Supper: Creamed chicken, stewed prunes, cake, tea.

Ninth day. Breakfast: Fruit, cream of wheat, country sausages, toast, coffee. Dinner: Soup, tenderloin of beef, potato, mushrooms, salad, snow pudding. Supper: Creamed egg on toast, baked apple, cake, tea.

Tenth day. Breakfast: Fruit, cracked wheat, ham and egg, toast, coffee. Dinner: Soup, veal stew, potato, scalloped tomatoes, Bavarian cream. Supper: Broiled oysters, canned fruit, cake, tea.

VI. BY ALICE C. BEATLE, Cleveland

THE only rule I follow with my obstetrical patients is to give them liquid and very light diet until after the third day, and then, if the patient is perfectly normal, I give her plenty of good wholesome food.

First day. Breakfast: Beef or lamb broth. Luncheon: Pea soup, milk. Dinner: Chicken broth (thickened), cocoa.

Second day. Breakfast: Cereal, coffee, toast. Luncheon: Cream toast, cocoa, prunes. Dinner: Tomato soup, thin bread and butter, blanc mange.

Third day. Breakfast: Orange, cereal, coffee, toast. Luncheon: soft-boiled egg, bread and butter, tapioca pudding. Dinner: Creamed sweetbreads on toast, celery, sponge cake, cocoa.

Fourth day. Breakfast: Baked apple, cereal, coffee, toast. Luncheon: Creamed oysters on toast, lettuce sandwiches, gingerbread, milk. Dinner: Scraped beef, baked potato, peas, custard, tea.

Fifth day. Breakfast: Prunes, cereal, omelet, toast, coffee. Luncheon: Chopped steak, lettuce and egg salad, plain cake, sliced oranges, cocoa. Dinner: Lamb chop, creamed potato, creamed carrots, bread pudding, tea.

Sixth day. Breakfast: Grape-fruit, cereal, soft-boiled egg, bacon, muffins, coffee. Luncheon: Fried oysters, fruit salad, cup custard, cake, milk. Dinner: Sweetbreads, mashed potato, corn, lemon jelly, cocoa.

Seventh day. Breakfast: Oranges, cereal, codfish balls, toast, coffee. Dinner: Chicken, scalloped potatoes, spinach, cranberries, ice cream, cake, coffee. Supper: Cold tongue, crumpets, cake, milk.

Eighth day. Breakfast: Baked apple, cereal, poached egg, toast, coffee. Luncheon: Creamed chicken, rice croquettes, cocoa, cookies, stewed apricots. Dinner: Beefsteak, baked potato, succotash, cabinet pudding, milk.

Ninth day. Breakfast: Prunes, cereal, creamed chipped beef, toast, coffee. Luncheon: Oyster stew, celery, sweetbread, salad, cake, cocoa. Dinner: Turkey, mashed potato, lettuce salad, ice cream, cake.

Tenth day. Breakfast: Grape-fruit, cereal, bacon, muffins, coffee. Luncheon: Cold turkey, potato cakes, water cress salad, milk. Dinner: Roast beef, creamed celery, potato, apple tapioca pudding, cocoa.

VII. BY RUTH BREWSTER SHERMAN, R.N., Baltimore

FOOD OR MEDICINE?

THE question of diet for an obstetrical patient resolves itself into this: How feed the mother so that she and her baby shall progress as rapidly and pleasantly as possible and need the least possible medicine? The supplies we put up may go unnoticed, the help we give the doctor is taken for granted; but upon our skill in solving this question depends so much of our success from the patient's point of view, that it well repays careful study by the nurse whose ambition it is to be, like Mellin's food, "advertised by her loving friends."

Nor is this at all a difficult or complicated matter. The mother is not sick and we have only to remember a few general objects of effort: (1) she must be able to nurse her baby; (2) her bowels must be kept open during two weeks of inactivity in bed, and (3) the baby's bowels also must be kept in good condition.

It is my experience that doctors give practically no directions on this point. The best obstetricians of Boston and New York have said to me, "Give her anything she likes after the first day or two." Dr. Whitridge Williams of Baltimore, on his card of printed "Directions for Nurses" has the following two items which I have coupled together for the purpose of this paper:

(a) Give $\frac{1}{2}$ oz. Rochelle salts the morning after labor and repeat in four hours if not effectual.

(b) Diet: First 24 hours, milk, soup, coffee or cocoa, and buttered or soft toast. Second and third days, as above, with addition of boiled or poached eggs, raw or stewed oysters and wine jelly. Fourth and fifth days, as above, with addition of chicken, sweetbread, potatoes, and rice. Then gradually return to ordinary plain diet.

This last is not intended as an inflexible rule, but as a good general outline. We all know that all families cannot afford to buy oysters, chicken, and sweetbreads, for instance, even if they employ (often at great sacrifice to themselves) a first-class physician and a trained nurse. We are acquainted with all the varying degrees of luxury and economy, even to tactful makeshifts, which we find in the homes of our patients; and also we are well aware how many mothers of families, who would buy luxuries for sick husbands or children, are distressed at any unnecessary expenditures made for themselves in their illness. We must do the best we can, under widely differing conditions, but the underlying principle remains the same.

My own practice, based on nine years' work, is this: liquids and fruit juices only, until the bowels have been thoroughly moved; soft diet, including all cereals, with fruit, until the flow of milk is well established; then by easy stages I return the young mother to regular diet and by the time her baby is a week old she is eating practically everything. From this time on, she is served the regular family breakfast at the usual hour; at lunch time she has her dinner consisting of the dishes provided for the family dinner at night. This means that the cook must be asked to prepare small amounts of each article at noon, which makes some extra trouble, but it is easy to adjust matters perfectly peacefully with a little thought and tact. The supper takes separate dishes, but as it is purposely very light, its preparation is quick

and easy. Peace in the kitchen means comfort upstairs. Every minute which a nurse spends in establishing cordial relations with the maids, be there one or six, brings rich returns of convenience to herself and happiness to her patient.

The heaviest meal is at noon and the supper as light as is practicable; this brings the best sleep. I try to have meat eaten for both breakfast and dinner, and eggs for supper; but some women prefer eggs twice daily and meat only at dinner. Sometimes a woman is found who takes only bread and butter, fruit and a drink for supper, and it proves sufficient. Unless very objectionable, a quart of milk is taken daily, aside from meals. I gave up, years ago, the practice of giving hot cocoa at bedtime and in the night; it is unnecessary and is too heavy, the women sleep better without it, suffer less from flatulence, and the bowels are more easily moved. I encourage the mother to follow her natural appetite, if it be healthy, and not deprive herself of things she likes for fear of hurting the baby; pickles, condiments, salads, olives, vinegar are all spurs to an appetite which is apt to flag during the second week in bed and the fourth week upstairs. We all know what trying times these two periods are very apt to be; the appetite needs tempting in every way, and this is done much more effectually by tart or spicy foods than by the sweet desserts which most sane invalids despise. "An all 'round diet makes the best milk supply." Not once in years can a baby's crying be traced to anything the mother has eaten (please note that I say *traced*, not *credited*, there is a world of difference!). If he cries, a satisfying drink of hot water will keep him quiet and comfortable and help his bowels. So far from being evils, both the crying and the hot water are blessings which Master Baby needs often, and he is wiser than we in knowing when he needs them!

It is at about this period of convalescence that many obstetricians order a tonic or stimulant for the mother. These are well and good, but still better is it when all the details of the nursing care can be so managed that the nursing mother feels and shows no need for either. And usually it can be done. Plenty of fresh air in the room, by day and by night, is a better tonic than any that can be prescribed; while happiness, diversion, and interest in her baby and in things outside are a better stimulant than can come from the finest wine cellar.

The milk question comes in at about this time. If a normal woman be fed normally, she will have sufficient milk, if nature has intended that she shall have milk at all. As we know, many women are able to nurse only for a week or two. When the supply is waning, the flow

is best increased by increased use of all fluids, especially milk, cocoa, stout, and malt extract. When the point is reached where the mother is obliged to constantly flood her system with fluids in order to nurse her baby at all, her doctor (*most fortunately*, as I believe) will usually let her give up the attempt to nurse. It is far better for both that the mother should return to a natural diet at the table and the baby to a nourishing formula from a bottle.

Even more closely allied are the questions of food and cathartics. If the bowels are to be moved on the second day (see *a* above) fruit juices may be given from the very beginning in as large quantities as can be taken. Does not every obstetrician order a nightly cathartic, to be followed by an enema next day if necessary? And is there anything to which our patients object so universally, as these same enemata? By steady use of fruit, either fresh or stewed, with meals and at bedtime, I find that my patients seldom need enemata after the second day; while the nightly medicines can be much cut down from the beginning and sometimes omitted after the first week. Prunes and all canned or stewed fruits are helpful, all fresh fruit and berries are better, rhubarb in its season is invaluable, cereals, spinach, cream, honey, and salad oils are all to be remembered in the diet, and here also I want to call attention to good candy as a valuable aid. I encourage my patients to eat all the pure candy they will, from the beginning, especially chocolate in all its forms; and believe it aids both the milk supply and the bowels. Not many women will buy candy for themselves, but the husbands will take a suggestion, and the sweets are all the more sure of being eaten if "he" brings them in at night. Best of all for steady dependence and good results, are oranges and grape-fruit taken at bedtime. One squeezed orange in a thin or pretty glass is a help if no more can be afforded; but more are better; and all kinds of combinations can be made with grape-fruit, grape juice, oranges, lemons, and the syrup of stewed or preserved fruits of all sorts. Expense to the household and the ease or difficulty of obtaining fruit must of course be kept in mind. It is quite true that a bottle of medicine costs less than a steady supply of fruit, and with many patients this is the first consideration. But where we can, let us teach that it is better to buy fruit than drugs. A grape-fruit with one or two oranges, squeezed together with ice and a touch of sugar—how good it is to a thirsty woman, and how gladly she sips it in the progress of the evening's toilet! Next day both patient and nurse have an abundant reward—the former is spared a trying ordeal and the latter has proved herself a worthy disciple of Hippocrates, who bound himself to "follow that

regimen which is most beneficial to my patients." Remember the words of the gentle Dr. John Bassett in the last century, "Hippocrates was but our fellow servant, and we are but ministers of nature; our whole art consists in understanding her language and laws; our whole practice, in obeying her mandates; if we do not understand them, it is either our fault or our misfortune; to act as though we did is quackery."

A CONTINUOUS IRRIGATION APPARATUS EASILY CONSTRUCTED

AS DEMONSTRATED IN MT. SINAI HOSPITAL

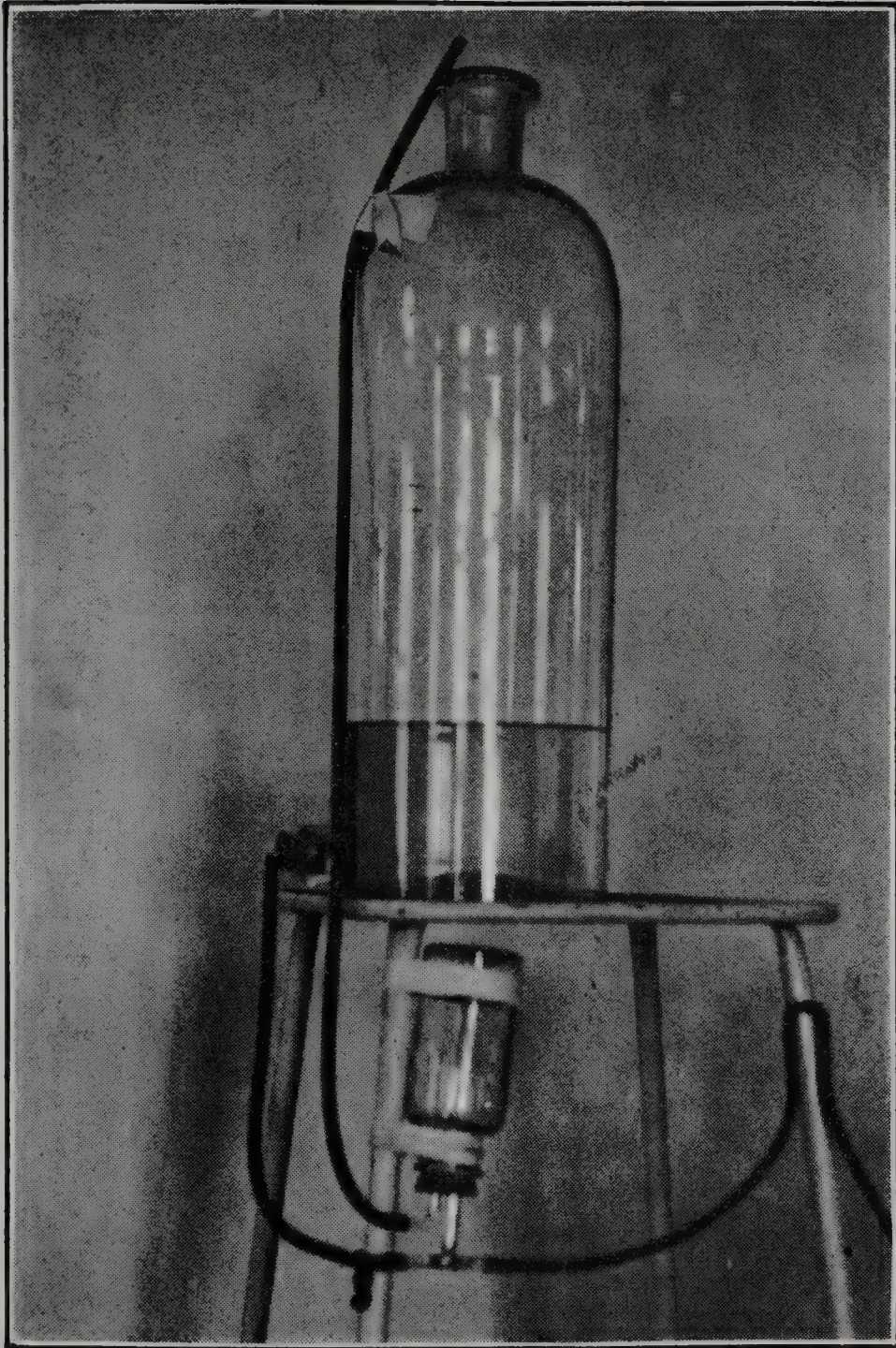
By MARY E. THORNTON, R.N.

WITH one four-gallon glass jar, one eight-ounce bottle, two rubber corks, some rubber tubing, some glass tubes straight, Y-, T-, and U-shaped, a continuous irrigation, which flushes as well as irrigates, can be applied to three sinuses at the same time, and will need to be filled only once in three or four hours (instead of about every twenty minutes, as when only one tube is used). This has been demonstrated with great success in the children's ward at Mt. Sinai.

The large jar is placed upon the upper shelf of a transfusion stand, about four and a half feet high, the bottle is inverted under the upper shelf and strapped to one of the supports of the stand with adhesive strips. One piece of tubing held in place against the side of the jar and connecting with glass tube in the cork of the bottle supplies the air. Another tube extends from the cork at the base of the jar, connects with the T glass tube in the cork of the bottle, then is carried on to one of the supports of the stand, fastened with adhesives at a point where a U glass tube occurs, is carried on to the side of the crib, fastened to that with adhesive and then is fitted with a \wedge glass tube. The forks of the \wedge are fitted with rubber tubes and one of these is fitted with another \wedge glass tube. These forks in turn are fitted with rubber tubes and glass tips, thus affording means of applying to three sinuses if necessary.

The U glass tube furnishes a point for observation and it is possible to regulate the flow by means of a clamp inserted just before the rubber meets the T glass tube.

With this little patient, as the leg was the affected member, it was suspended by gauze attached to sides of the crib, and a trough arranged with rubber sheeting connected with a pail placed at the foot of the bed.



CONTINUOUS IRRIGATION APPARATUS

NURSING IN MISSION STATIONS



(This department has a two-fold purpose,—to keep nurses in this country in touch with the work of missionary nurses, and to put missionary nurses in touch with each other, for an interchange of ideas, questions, and suggestions. All nurses engaged in mission work, of every creed and country, are invited to contribute to its columns.)

AN informal letter to the Mission Stations Department by A. Mae Peregrine, who has just returned from China on account of illness, gives glimpses of the work in several places there.

“The accompanying picture shows our hospital at Wuhu, China, situated on the Yangtse, three hundred miles from Shanghai. The houses below are the homes of our doctors and evangelist.

“The wife of Dr. Hart, formerly Miss Maddock of the Illinois Training School, is now president of the China Association of Nurses, organized last summer in the Kuling Mountains.

“Our poor old hospital built over twenty years ago at a cost of about two thousand dollars, is altogether inadequate to the present needs, and is crowded to overflowing.

“Our needs are many and varied, and each seems most imperative; an ulcer ward where we can put the cases which are a menace to others; a woman’s building, where we can not only care for women who need medical and surgical attention, but where young women can be trained as nurses. And very, very much do we need a dispensary building. At present a room in the Gate House is used for the daily morning dispensary; an afternoon dispensary is held in a Chinese building in the city of Wuhu. Our hospital is two miles from the native city.

“I feel that many nurses would enter missionary work if they knew the great satisfaction which such service brings. However, I would not paint too bright a picture of the work and life in a foreign country; for the greatest joy is the result of great sacrifice. Of course that is just as true here in America.

“When I left Wuhu, there was no foreign nurse in the hospital. A letter received a few days ago tells me that Mrs. Wang, a Chinese nurse trained by Dr. Mary Stone at Kiukiang, was helping temporarily.

“I was enabled to see the work of several hospitals in China. During an illness last year I was nursed by Miss Albaugh, a graduate of my own training school, who is in the medical work of the Southern Presbyterian Mission at Kiangyin. I returned with her to her station. We made the trip of two hundred miles down the Yangtse River in a little

houseboat, and enjoyed some unusual experiences on the way. Dr. Worth is the only physician at Kiangyin. He has immense clinics—sometimes over a hundred patients a day—and also carries on the work of a hospital for male patients; by the time Miss Albaugh has learned the language, they expect to have a woman's building.

“In the summer I was a patient in the Kuling Hospital, a hospital for foreigners in the Kuling Mountains. It is in charge of Dr. Barrie, a Canadian physician, who is assisted by Miss Hawley, a graduate of Lakeside Hospital, Cleveland.

“I was there at the time the nurses of China formed an organization, but I was unable to take any part. I'm sure some of the nurses there have given a report of their meetings.

“As I returned home, I was a guest for a day of Dr. Stone, who is noted for her wonderful work as a surgeon. She also conducts an excellent training school for nurses. Her unusual skill, combined with her love for the women of her own country, and her winning personality, make her a favorite everywhere.”

DR. ALICE ERNST, writing in *The Missionary Link* of the work at Jhansi, India, says:

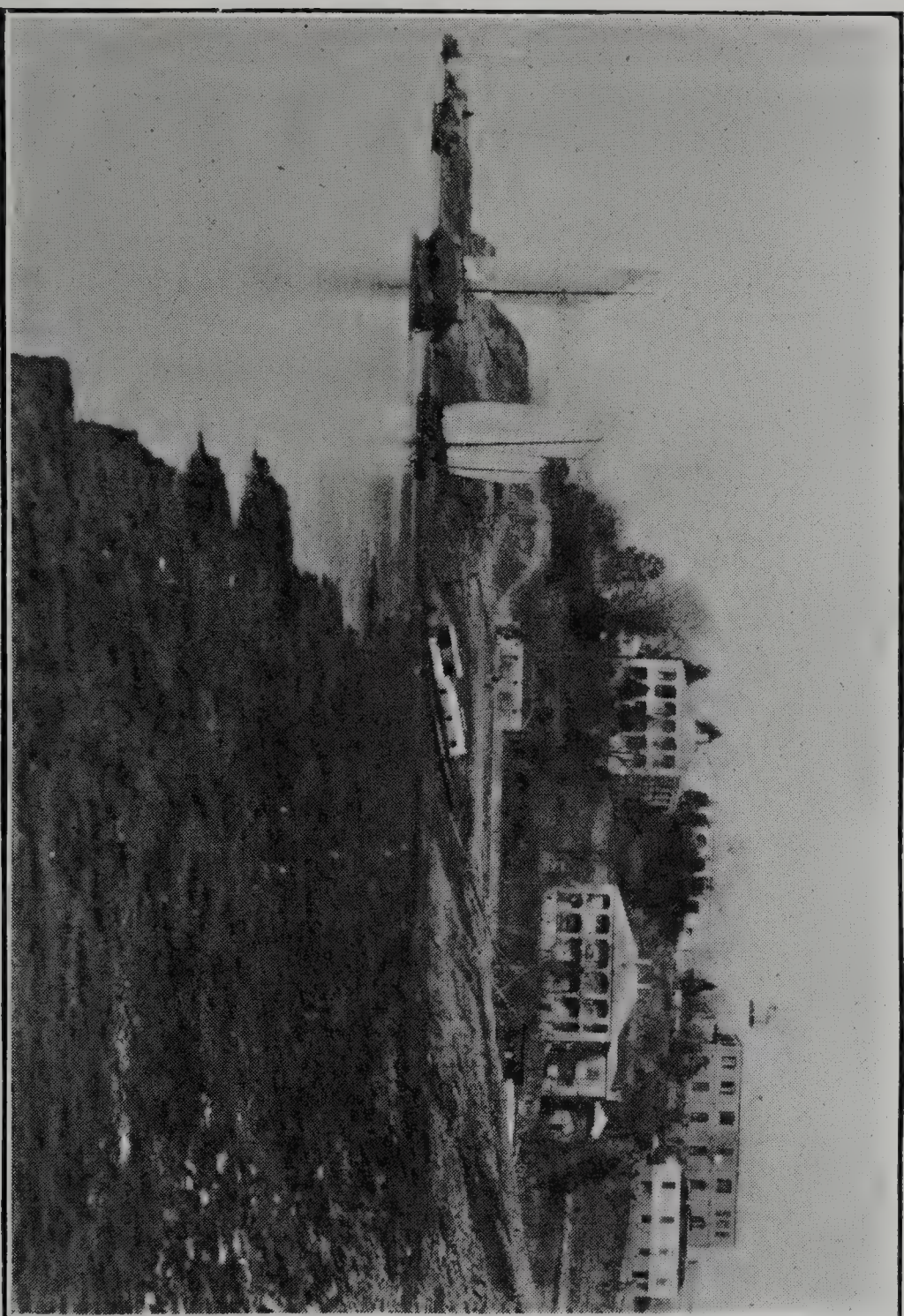
“Of the eleven nurses in the training school at present, four are in the graduating class, four in the junior class, and three are probationers. During the past year we have been able to weed out those who showed unfitness for the work, and we feel that the girls we now have are the most promising we ever had. They show increasing interest in their work and studies, and altogether we are much encouraged.

“By means of the money obtained by our sale of fancy work, largely made by the girls themselves, we have been able to get some necessary furniture for the nurses' home, and they now have a bright, comfortable room for their classes and meetings.

“A new wing to accommodate eight nurses was added to our nurses' home during the year, the expense of which was entirely covered by a special gift from Government.”

The Alaskan Churchman contains an article by Miss Emberley about the growth of the work at St. Matthew's Hospital, from which we quote at length:

“Even in the spring of 1905, when my service at St. Matthew's began, the hospital was very rude and incomplete. Wooden partitions afforded knot holes of observation for the curious from one room to another; rough floors defied our efforts at neatness, most of the beds, built of native lumber on the spot, were springless and provided only



HOSPITAL AT WUHU, CHINA

with sacks of hay as mattresses and pillows; all the water we used was brought from the river in buckets, and all waste was carried away in like manner; our appliances were of the crudest, and we were in debt. The press of work was too urgent for much planning of improvements; the care of the sick and the injured who came daily to our doors occupied us to the exclusion of all other interests; and for months it was patient plodding, doing the best we could with what we had, thanking God for the daily strength that carried us through those strenuous times.

“In July of that year came the flood. The swollen and turbulent Tanana threatened for days the destruction of the town, and submerged a large part of it in several feet of water. Our hopes for help from the town in finishing the hospital building were dashed for that year.

“We had several gifts from ‘outside’ that summer, and so after all we were able to put up proper partitions and to lay a good floor in the hospital. When there arrived six good hospital beds from the disused Bishop Rowe Hospital in Skaguay, and four more, fully equipped from the Woman’s Auxiliary of the home church, we felt well equipped, indeed. In November of that year the last dollar of debt was paid, and then we turned ourselves with thankful courage to the thought of finishing the building and adding to our equipment. Since then, we are grateful to say, we have not had to ask help from the Board, and, save for the salaries of the workers, have managed to meet our running expenses and from time to time to make improvements. The next autumn the first St. Matthew’s fair was held, and the articles for this bazaar and the hospital linens, etc., which come from the Woman’s Auxiliary, are practically the only gratuities which we regularly receive from the home church. Twenty per cent. of the work done at St. Matthew’s Hospital is charity.

“In 1906 we had large plans for St. Matthew’s. The camp had practically recovered from the set back of the flood, the mines were producing well, business was flourishing, and we began to hope that not only could the hospital be supported in the town, but even that a parish organization might be effected and the Bishop relieved of the expenses of the church.

“That year the ice went out on the 30th of April—an early summer—and we were full of joyful eagerness for all the activities of the open season when one afternoon in May we heard the shriek of the siren whistle and looked on while the whole of the business portion of our town burned in a few hours. Next day when the long-anticipated ‘first boat’ from Dawson arrived it was to find only blackened embers and smoking heaps of débris where Fairbanks had been. I said only blackened embers, but I was wrong; for already the unquenchable

spirit of the pioneers had re-asserted itself, and here and there a tent was open for business. . . . By a special providence it would almost seem, the mission escaped both flood and fire, suffering only indirectly from the effects of each. It was out of the question to expect help from the town that year, so we put aside our plans and turned ourselves to help where we could those who were worse off than we.

"Next year came the labor troubles and the money panic, and Fairbanks, struggling to recover from the disaster of the fire, seems never to have quite regained the prosperity of the old days.

"Through all these vicissitudes the work of the church and the hospital has gone on uninterruptedly, and St. Matthew's reading room has scattered good literature over the entire district. The three branches of our work have been so interwoven and become so interdependent that it is hard to consider them apart from each other. And gradually the work of St. Matthew's widened. Always the Indians had come with their babies for baptism, their young people to be married, or seeking help in sickness. But as time went on they came from farther and farther away, and they begged for a mission and for schools. And as we could we went about among them—the clergy, of course, most of all, but often one of the nurses would visit a village where there was illness and sometimes the sick were brought to the hospital for care. I shall never forget some of the Indian services held on the banks of the Tanana, the natives, eager and reverent, joining in the service in their own language and singing in their plaintive voices the hymns which had been translated into their own tongue. How eager they were for instruction, how simple and child-like their faith! The fruits of those early labors are seen in the now well-established Tanana Valley Mission with its chain of stations along the river. The more orderly villages, the clean and happy children, the English speech, and the improvement in morals bear testimony to the faithful work of the little group of missionaries along the Tanana.

"And what is in the future? The procession of gold seekers advances, halts, and passes on, but the church stands ever with welcoming doors open to all who seek her comfort. Year by year the bitter trail claims its toll of life and limb; day by day the danger lurks in the deep-driven tunnels of the mines; hardships and exposure constantly breed disease, and sin and wrong bring their relentless reward. Surely so long as these go on our hospital doors must stand wide. And the Indian? Year by year as the game retreats he wins a scantier livelihood from his hunting and fishing; year by year since the white man came has he sunk to lower depths of uncleanness and vice. The redemption of his race lies largely in the gift of the church, whose guidance and protection must save him from degradation and annihilation."

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK, R.N.

THE LOSS OF A GREAT LEADER

THE mournful news of the death of Miss Isla Stewart, matron for nearly twenty-five years of St. Bartholomew's Hospital, has just come as we go to press. A woman Greatheart has gone from us, and to all those who knew her the loss will seem irreparable. What she has been to the English progressive movement in nursing only those who worked with her can know. The grief of her friends and comrades is deep and real.

THE NURSING JOURNAL OF INDIA

THE *Nursing Journal of India* has made its appearance in most attractive and dignified guise, and will be warmly welcomed into the circle of professional journals. It is published by the Association of Nursing Superintendents of India and the Trained Nurses' Association of India, and represents the ardent and successful aspirations of a very public-spirited group of women. The editor is Mrs. Klosz, Akola, Berar, C.P., and the manager Miss J. W. Thorpe, Civil Hospital, Belgaum, Bombay Presidency. For the members of the associations the subscription is included in membership fees; from America the subscription will be \$1.25 by postal order. Our alumnae societies should all take it, for it is going to record history in the making of a most appealing kind, namely, the modernizing and outbringing of the women of India. The journal contains the proceedings of the superintendents' conference and other general matter of an interesting nature.

DR. HAMILTON'S THESIS

A MONTH or so ago we noted the appearance of a book on nursing which appeared in Italy, written by Professor Baccarani, and which had excited the joy and hope of all the progressive nurses in Italy by reason of its very advanced stand on nursing questions. It now appears that the author did not work out his views unaided as we had supposed, but that he drew his material from Dr. Hamilton's thesis, translating much of it literally. His book is indeed an Italian

arrangement of the thesis, but he did not make the source of his material plain in the first edition of his work. However, he must still be credited with advanced views in agreeing with Dr. Hamilton.

IRELAND AND IRISH NURSES

A BEAUTIFUL country is the Emerald Isle, the native land of so many good American citizens, and something about its coast line and atmosphere of a sweet summer day when the sun shines in the region of Dublin reminds one of Italy. There is the same dreaminess and melting quality, and in the old gardens to which Mrs. Treacy can take one by some sort of open sesame there is a marvellous luxury of leafage and bowers of the plants of all seasons and all countries, so it seems, with walls and parapets of yew that can compare with any of Italian fame. Dublin is a very fascinating city, of an old-fashioned severe exterior with its straight walls of houses built in the latter part of the eighteenth century, which show within such noble features of space and line and beautiful decoration. One is surprised to find these old mansions revelling in rich Italian handwork in marble and mosaic and plaster, and learns that the aristocratic society of that age imported numbers of skilled Italian artisans into Ireland to decorate their homes. Some of these fine old houses are now turned into hotels, private hospitals, visiting nurses' homes, and other more or less communistic establishments. The Catholic Sisters manage a hospital which they have developed by altering slightly several of these lordly dwellings and building on new corridors and operating rooms, while wisely leaving all the characteristic features of the decorations. They are of wonderful charm, and are much sought by artists. The Sisters, who show the whole place with the utmost bonhomie and kindness, say there is almost always some one's easel sitting in front of a door or mantel. The two groups of the Queen's nurses also inhabit fine old mansions, which seem to take very kindly to modern conveniences.

The hospitals of Dublin also possess a special and unusual variety of attractions. They are of all kinds, old and new, and the old ones recall in many of their features the hospitals of the French provinces, with their red brick tiled floors, massive walls, courts, and arcades. What is quite unique in these older Irish hospitals is their abundant use of rich strong color. As the weather is never really hot, and the skies are much given to pouring down a copious rain, the gray clouds of wetness being supposed to lie near a streak of moods and temperament in the Irish character, this unusual coloring of Indian red, dull rich yellows, and warm blues that is encountered, in corridors especially, has a most pleasing effect and gives the impression of personality.

It would take more than my space to speak of the specially interesting points of all the Dublin hospitals. But mention must be made of the Steevens Hospital, whose foundress looks down from an old portrait in the dignified board room. Much quaint history is embodied in this delightful old place, and one of the medical staff pursues the hobby of collecting hospital history, old prints, documents, and records. Incidentally one would give her steamer ticket to steal the chairs in the board room. Of the new and modern hospitals a charming example is the Royal Victoria Eye and Ear Hospital, which is quite perfect in its planning, equipment, and details. The Rotunda is also very admirable. For private hospital patients nothing could be more serene, hospitable, and comfortable than Elpis, the place of hope and cheer and of good things to eat, and for convalescents there are a number of lovely country homes, of which we visited one hidden in beautiful gardens of fruit and flowers.

The Irish matrons form a very striking group. I include in them Miss Huxley, who is really English, but who has been identified with Ireland for twenty years, and Miss Lamont, who is Scotch. Great harmony and a pleasant sociable intimacy prevail between the nurses of Dublin; they seem to be one big family, matrons and sisters and nurses together. I remember several delightful gatherings, when nurses sang the old songs of the country with moans in their voices, and danced the jigs and reels with jollity in their heels, and with most bewitching peasant costumes of red petticoats and kerchiefs and shawls upon their persons. In the evenings they can go to one another's institutions without hats. This, I do not know why, always seems the perfection of informality. Witty and keen, humorous and spirited, progressive and afraid of nobody, the Irish matrons of Dublin stand together unitedly in advancing the standards of modern requirements, and their nurses are loyal and ready around them. Humbugs, like Mr. Burdett, or benefactors, like Mr. Holland, get little glory in Ireland. Nor must I fail to mention the very brotherly and helpful attitude of the Irish doctors toward the women.

The Irish Nurses' Association has always been prompt to the instant in resisting or opposing the various counter-attacks that have been met in the long struggle for registration, and it is now making an active effort to have every nurse in Ireland join the association, with the watchword "Guard the Interests of Irish Nurses." This has resulted from the attempt that was made some time ago by political influence (but why, is partly a mystery) to leave Ireland out of a registration act for Great Britain. With this intention, the fees have been lowered to a minimum rate, and the executive committee, comprising all the

matrons of Dublin and Miss Hannan of Belfast, have issued a call to every Irish nurse to join in making the association a United Nurses' League of Management and Self-defence. The organ of the association, the *Irish Trained Nurse and Hospital Review*, appears monthly, and is well edited by a committee. Its mailing address is Printinghouse, Dublin, and our alumnae associations should take it for their libraries with other foreign papers. Its title, by the way, is printed in the old Celtic lettering.

A little bit of Belfast, with a remarkably pretty new hospital which I hope to tell of a little later, and a most interesting glimpse of rural visiting nursing in the country and villages which was given me by the kindness of Lady Hermione Blackwood, made the all too short itinerary in Ireland complete. It would take a whole summer to see the west coast, where the Queen's nurses work in the stone cabins, and to go south to the country where Miss Brodrick, the last time I heard from her, was fighting a whole epidemic of measles single-handed, and to see the ancient towers (a replica of one of which stands at the grave of O'Connell), to say nothing of the scenery. Meantime, in the museum and libraries of Dublin one gets a very fascinating glimpse of the ancient glories of Ireland;—enough, at least, to make one want more.

L. L. D.

NEWS FROM FINLAND

IN the *British Journal of Nursing* we read the important bit of news that Finland is moving toward state registration. The nurses' association has the support of the medical board and the regulations it has framed are now before the Senate. They will finally go to the Emperor of Russia to be approved. Mme. Mannerheim writes:

"The new regulations mean a two years' curriculum of training preceded by a three months' preliminary training, a state examination, followed by the entry of the names of nurses in a state register. It means also higher fees for nurses in the Government hospitals, whose example will, of course, before long, be followed by all the private and town hospitals. It means additional fees after 10 and 15 years' service and a pension at the age of 50, after 20 years' service, when a nurse will get the whole of her first appointments yearly. To us all this seems too good to be true. We certainly would have liked to get the three years' training, but I think this would have seemed such an impossibility to the authorities that we would then scarcely have got anything. Now we shall work towards that goal, and we shall certainly reach it, and in not a too distant future either.

"What has to me been nearly the most wonderful part of it all is that we have nearly all the medical world on our side. In the com-

mittee which worked out the new regulations there were only two nurses to four doctors, and the medical board, when passing the regulations, voted higher fees and pensions than we had dared to ask for.

“When I think of the opposition all things touching the bettering of nurses’ conditions have met with in many countries, it makes me feel undeservedly happy in Finland in that respect.”

ITEMS

THE matrons of Scotch hospitals are forming a matrons’ association.

INVITATIONS of a personal and informal character have been sent to all the foreign Councillors and Officers of the International Council of Nurses to come to the meetings of our national societies, both of which will be held in New York at the end of May.

SISTER AGNES KARLL has credited the authors of “A History of Nursing” beyond their deserts by writing in the *German Nurses’ Journal* that the two first volumes of history are also to be sold for the benefit of the International Council treasury after the initial cost is made good. This is a mistake, good Sister Agnes. The third volume is indeed to be sold for the International Council, entirely, and may be bought separately from the two first volumes, so that we hope to have a little income flowing in. The two first volumes will probably do no more than pay for themselves, if that. The third volume is pretty well under way.

A LETTER from Russia in *Jus Suffragii* for February has the following very interesting paragraphs:

“In December there were two congresses held in St. Petersburg, one of neuropathologists, the other of anti-alcoholists. The former passed a resolution stating that the cause of the psychical depression of women is often their political disability, and it is very difficult to combat illness in general without the help of women. To obtain their co-operation they must be enfranchised and be made responsible citizens. The second congress, although not always polite to the ladies present, passed the following resolution:

“This congress is of opinion that, to combat alcoholism successfully, women should be enfranchised, and that habitual drunkenness of the husband should be considered a sufficient cause for divorce.”

IN *Nosokomos* for February 9 we read of a most tragic occurrence in the Rudolf-Virchow Hospital in Berlin,—a hospital only a few years old, and which is the last word of science, magnificence, and completeness among new German hospitals, in every respect except one, that is, the arrangement of the work of the women who work in it under

the direction of a hierarchy of medical men. Briefly, three nurses were recently dismissed for having taken some roast fowl from a patient's portion. The head nurse, a faithful and most hardworking woman, was so chagrined by the reprimand administered to herself that she committed suicide. In the inquiry that followed it was found that the hours of work for the nurses overpassed every limit of human endurance, and that they actually had not time enough to eat, as not only were the hours long, but the service most burdensome, for there were never enough women to do the work. Ravenous with hunger and fatigue, to steal a bite on the fly was really the only self-protection open to them at times.

We have heard Sister Agnes speak of the reactionary attitude of the powers that be in this hospital. No matron or superintendent is at the head of the nursing staff, because the doctors will not tolerate the presence of a woman who has any authority to protect the nurses against their imperious rule. To kill one set of people in curing another does not seem an intelligent thing for these men, who stand foremost in scientific knowledge, to do. We have made this criticism before about the German doctors, and hope that the force of public opinion will compel them to place a trained woman head in charge of the nurses in this otherwise perfect hospital.

THE first number of a new Holland journal, "The Hospital" organ of a society for advancing the standards and interests of hospitals has reached us. It is a thoroughly professional and dignified publication, well printed and illustrated. It will concern itself with the building, furnishing, medical service, organization, administration, and technical details of hospitals.

IN pursuance of the resolution passed at the London Congress, the secretary of the International Council of Nurses has sent letters to the presidents of national societies asking them to form standing national committees to carry on the propaganda against venereal disease. Great Britain's committee is formed with Miss Albinia Brodrick at its head. All will be gratified that so capable and earnest a chairman has undertaken this work. In the other countries the subject is being brought forward. The Danish *Tidsskrift* for February and Dutch *Nosokomos* have published articles on venereal diseases. In the United States a medical woman on the committee has compiled a list of instructive literature, much of which is contained in current medical journals. This is distributed to training-school superintendents and alumnae associations.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE



IN CHARGE OF

HARRIET FULMER

THE PART OF THE DISTRICT OR VISITING NURSE IN THE SOCIAL WORK OF TO-DAY

By MABEL JACQUES

In charge of Tuberculosis Class Work, District Nursing Association,
Buffalo, N. Y.

It very often occurs to me that, even among professional nurses, there are few who appreciate the exact scope of the district or visiting nurse. There appears to exist an idea that the duties of the nurses of the district nursing associations consist in visiting from house to house, attending to the physical needs of the patients referred to them, carrying out any orders that the physicians may give, and arranging perhaps for patients to be sent to the hospital if it seems best. But at this point it is often thought that their work ceases.

Let us consider the qualified district nurse, and the manner in which she receives this qualification. Primarily, she must be a fully trained graduate nurse; possessed of such previous knowledge, she begins her career in district work by applying to one of the representative associations for a position on its staff, and passes through the necessary preliminaries, such as presenting letters from her hospital superintendent, filling in an application form, etc. She finds the situation far different from that of the institutional life to which she has been accustomed, or to that of private practice if she has been so engaged. Instead of the well-regulated institution or home, she finds poverty, shiftlessness, and a low order generally of social conditions. She realizes quickly that it is impossible to remedy the physical ailments brought to her notice without also trying to elevate the deplorable situation surrounding her patient. Therefore, hand in hand with the treatment of the patient goes also the reconstruction of the family.

Perhaps you ask how this nurse, well trained as she may be in her

own profession but lacking in any academic training in sociology, can be prepared to undertake the solving of these very difficult questions? At the outset of her career she is most certainly not able to take any active part in the settling of the weighty matters which come to her notice; neither is she able to see quickly the method which it seems best to pursue in dealing with each particular case. It takes months and months of experience and investigation, months which may be full of heart-breaks and disappointments, but at the end of which she finds herself in close touch with the lives of the people amongst whom she works. It means the careful studying and comparison of various family problems, proper and careful association and co-operation with other organizations, both social and medical.

After a period, the duration of which must necessarily be regulated by the amount of work the nurse must accomplish, her patience, power of endurance, and adaptability to the work, we have not only a trained nurse but a trained district nurse, who is fully versed in her own profession, and is likewise a social worker who understands comprehensively the family problems with which she has to cope.

There are many nurses who are not adapted to this particular form of work and will never become district nurses in the true sense of the word, because they cannot feel in sympathy with their work and are unable to enter heartily into their duties.

Most of our visiting or district nursing associations throughout the country have at their heads progressive, energetic women who have had this training, and are able in their turn to train those under them. Any conscientious woman before undertaking the management of work of this kind should appreciate the importance of this previous training. Many superintendents have sacrificed their time, money, and health toward fitting themselves for such a position, upon the proper conduct of which depend the lives and future of so many families.

If these ideas were carried out and emphasized by the managers of the various district nursing societies throughout the country in their selection of a superintendent, we would have an army of well-trained district nurses playing a most important part in the social welfare of our great nation; women fully prepared to cope with the great family problems which confront the world, prepared to carry on the most perfect co-operation with the trained social worker connected with other organizations, and through this co-operation promoting doubly the physical and social welfare of the vast number of families who need readjustment and elevation toward that strata of civilization for which all those interested in the welfare of the community are working.

WHILE desiring and working constantly for higher pay for the visiting nurse (who is becoming known as a social worker), I feel that Miss Cannon has expressed the keynote to the real handicap to bring disease being such that it often affects the financial and general living conditions of the family. Quite frequently the theoretical solution of the problem from a socialistic standpoint, which under general conditions would be carried out, must be set aside, in order to prevent the development of the disease among other members of the family.

[The new course at Teachers' College, brought about by the generosity of Mrs. Jenkins, is going to meet just the need referred to by Miss Jacques in this article.—ED.]

ITEMS

WHILE desiring and working constantly for higher pay for the visiting nurse (who is becoming known as a social worker), I feel that Miss Cannon has expressed the keynote to the real handicap to bring this about when she says our ranks are not prepared to demand this because of lack of knowledge of social problems by the average nurse. Within the month twenty organizations have asked the Chicago Association to fill positions paying salaries averaging from \$80 to \$100. In an interview and by correspondence with more than forty nurses there was only one who gave any evidence of fitness for the positions or a desire to become fit. This, as Miss Cannon says, may be partly because the social service nurse is a new thing, but I feel that it is also the lethargy and indifference on the part of our women to make themselves fit to earn the \$100 a month which should be the average wage instead of the exceptional one paid for this service, and the only reason the demand is larger than the supply is the fault of the nurse and in but few instances the fault of the governing boards that control the salary question. Five societies recently, which I have had the privilege of taking part in helping to form, have been willing and ready to pay from \$85 to \$100 for a visiting nurse with the right equipment and yet it has been most difficult to find the right woman. Many of the social service positions given to lay workers ought to be filled by women of our own profession. I should be glad to know why we are not able to do this, when we have a vast army to draw from, compared to the lay social worker.

H. E. F.

[WE should like to suggest that boards of managers willing to pay sufficiently high salaries to attract competent workers should try advertising in the JOURNAL. As a comment on this let us quote from a letter

just received at the JOURNAL office: "Miss —— told me she had great difficulty last autumn in getting suitable nurses for her tuberculosis work, and wrote me in despair. She was advised to advertise in the JOURNAL, and tells me that the result has been to place her work upon a stable basis. She had between sixty and seventy letters very soon asking for information, and enough good applicants to meet her needs. Letters came from San Francisco, Chicago, New Orleans, North Carolina, Virginia, Baltimore, and New York."—ED.]

A VISITING NURSE FOR DUBUQUE

THE Visiting Nurse Association of Dubuque has called Jessie M. Keys to that city to inaugurate the work of visiting nursing. Miss Keys has had a wide experience as a visiting nurse in Chicago and Peoria, and later as chief probation officer for the Juvenile Court at Columbus. Dubuque is fortunate in having its new work started under her auspices.

The Visiting Nurse Association has been started largely as a result of the efforts of the Registered Nurses' Association of the city, which for two years has been endeavoring to educate public opinion to recognize the need of such work.

The predominance of male over female mortality from tuberculosis has been noted at the Phipps Institute and is interestingly discussed. In all countries where there has been a reduction in the death-rate from tuberculosis, this reduction has been more marked among females than among males. Dr. Flick suggests that one reason for this is undoubtedly the greater mortality from tuberculosis recognized to exist everywhere among tobacco users and alcoholics, for smoking and drinking are largely male vices. The predisposing influence of hard labor both on the acquisition of the disease and its persistence tells against males. Another factor favorable to women is their greater cleanliness. They do not reinfect themselves; besides, women take more kindly to the modern ideas of prevention of tuberculosis. One reason, however, for the apparently greater mortality from tuberculosis among adult males than among adult females is the fact that under twenty-one, females are less capable of resisting the disease; at this age more of them succumb than of males. This fact vitiates the statistics of later life somewhat.—*Journal American Medical Association*.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

IS THE ROUTINE EXHIBITION OF THE PRE-OPERATIVE PURGE DEFENSIBLE?—The *New York Medical Journal*, in an extract from the *American Journal of Obstetrics*, says: Walker answers this question by stating that purgatives can do harm and should only be given when indications are clear. He thinks the routine methods now in common use should be abandoned and that the laity should be taught the evils of the purgative habit, by precept and example. He thinks that purging all patients as a preliminary to surgical operations is both unnecessary and injurious, as they are thus made uncomfortable, and weakened, while germ activity in the intestines is stimulated, thus increasing the possibility of infection. There is also a greater tendency to post-operative tympanites. A suitable diet for twenty-four hours or more, and fasting for twelve hours before operation, puts the intestine in the best possible condition for such an experience, unless obstructive lesions are present and in such an event purgatives are worse than useless. In rare cases of mild fecal stasis a purgative several days before operation, followed by enemata, may be of service.

A NOTE ON POSTPARTUM HEMORRHAGE, WITH TWO QUICK WAYS OF MEETING IT.—The following from the same source is of interest: Stewart's conclusions are the following: 1. This term should only apply to the loss of 1000 c.c. of blood after delivery with blanching of lips, air hunger, and pronounced pulse symptoms. 2. A good preventive is to allow the mother to rest undisturbed forty-five minutes after delivery of the child. 3. Hemorrhage several hours after delivery may be checked by the administration of an ounce of vinegar by mouth. Should this be ineffective a hypodermic injection of a similar quantity into the uterine wall will be indicated. 4. A Rose bandage will prevent recurrence of bleeding after it has once been checked. 5. Threatening or existing hemorrhage at the completion of labor may be forestalled or checked by the application of chloroform to the interior of the uterus. This is much preferable to the preparations of iron.

HUMAN HAIR SUTURES.—In the *Journal of the American Medical Association*, F. B. Guthrie and C. C. Guthrie suggest the use of human hair for sutures for vascular anastomoses. Light brown hairs of medium fineness, about eight inches long, were tested as to tensile strength and found to be stronger than the silk previously employed. Experiments of reuniting the severed carotid and the carotid and jugular veins in dogs were successful, the healing being rapid.

ACETONE ALCOHOL AS A DISINFECTANT.—The *New York Medical Journal*, quoting from a German medical contemporary says: Von Herff declares that equal parts of acetone and alcohol are the best disinfectant known for the skin and the operative field. For the past two years he has used it exclusively, as described below, without any previous preparation such as sublimate dressings or scrubbing with soap and water, even about the vulva. The dry skin is washed for about five minutes with the acetone alcohol solution with a piece of flannel. The excess is sponged off and a protective dressing placed about the operative area. In vaginal operations, the vagina is washed out with a 3 per cent. solution of iodine in alcohol, because the vaginal epithelium does not bear rubbing well and because it contains no fatty substances to be dissolved. In the year 1908 he had but two mild infections of the wound. Von Herff says that the bacteriological as well as the clinical test is so perfect, and the method is so simple, that he cordially recommends it.

PURE POLONIUM ISOLATED.—The announcement is made from Berlin by Professor Lipmann that Madame Curie, of Paris, the discoverer of radium, has isolated polonium, a new element possessing a radio-activity superior to that of radium. This is reported as being the pure element which Madame Curie had formerly obtained in an impure state, and given the same name. It is reported to have four hundred times the radio-active power of radium.

PHYSIOLOGICAL DECREASE OF WEIGHT IN INFANTS.—The *New York Medical Journal* says: Hirsch considers that the decrease in weight observed in infants is only apparent and is due in great part to the loss of the meconium, slightly to the breaking down of albumin, and the evaporation of water through the skin. With sufficient nutriment the weight at birth is regained on the eighth day, if the child is healthy.

TREATMENT OF RINGWORM.—The *Medical Record* has the following from the *British Medical Journal*: E. L. Jenkins says that the use of the X-ray is in the country often unavailable or impracticable. In dealing with pediculosis in his hospital wards he always uses the essential oil of sassafras, which he regards as a specific. When both pediculosis and ringworm existed in the same scalp, the latter disease also appeared benefited. This led him to try the remedy for ringworm alone. So far the results have been most effective. The hair is cut closely around in order to identify the patches, and the oil is applied twice a day by means of a camel's-hair brush. This treatment is continued a few weeks or so, as the case may indicate. No irritation is produced, and the application is pleasant to use. Not only is the spread of the affection prevented, but the fungus is destroyed with certainty in two or three weeks, this certainty being recognized by the development of fine new hairs.

CURRENT LITERATURE OF INTEREST TO NURSES

Medical Record, February 5, "Local Anæsthesia in General Surgery," W. S. Schley, M.D.; February 12, "Six Cases of Pneumonia in the Aged, Treated with Pneumococcus Vaccine," Henry A. Craig, M.D.; February 26, "Treatment of Carcinoma with the Body Fluids of a Recovered Case." *New York Medical Journal*, February 5, "Enuresis," F. L. Wachenheim; February 19, "Some Dietetic Points in the Home Treatment of Tuberculosis," Howard S. Anders, M.D. *Journal of the American Medical Association*, February 19, "Alcohol as a Poison," T. D. Crothers, M.D.; "Migraine," Sidney Kuh, M.D.; "Chilblains," "Frostbite," February 26, "Infant Mortality," L. Emmett Holt, M.D., "Plea for the Establishment of an American Association for the Prevention of Social Disease," Lawrence Litchfield, M.D., "Pneumonia;" March 5, "Nitrous Oxide Oxygen Anæsthesia by the Method of Re-breathing," Willis D. Gatch, M.D. *The Survey*, February 19, "Garden Plots for Institution Inmates," Bolton Hall, "State Care of Inebriates," three papers by Bailey B. Burritt, William Mabon, M.D., and Albert Warren Ferris, M.D., "Ready-Made Lectures on Tuberculosis," Frank H. Mann, "The Red Cross at the Cherry Mine"; February 26, "Back Strain and Foot Strain," Harlan P. Cole, M.D.; March 5, Read the whole number; excellent articles on venereal diseases, fresh air schools, tuberculosis tenements, infant mortality, and alcoholism. *McClure's Magazine*, March, "The New Anæsthetic—Stovaine," Burton J. Hendrick.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

ENTERTAINMENT FOR SICK CHILDREN

DEAR EDITOR: May we have in the JOURNAL a paper on "Entertaining Sick and Convalescent Children?" What different amusements are there, aside from stories, cutting paper dolls, and the like? GRACE V. BRADLEY.

Omaha, Nebraska.

[Here is an opportunity for superintendents and head nurses of children's hospitals, and for private duty nurses who are successful with children, to share their ideas. A number of short papers or paragraphs would make an interesting and helpful symposium on this subject.—Ed.]

PRIVATE DUTY FOR PUPIL NURSES

DEAR EDITOR: I should like to know through the JOURNAL if a hospital is justified in sending pupil nurses out on private cases with a plea that their fees are necessary to help maintain the hospital? Do you think the hospital is doing its duty to a pupil nurse, allowing her to miss classes and lectures? Also, do you think the hospital authorities are justified, after procuring three best years of a nurse's life, in taking her work away after graduation?

R. M. K.

"THE IDEAL NURSE"

DEAR EDITOR: The following extract from "The Ideal Nurse" by Rebecca H. McNeill, R.N., struck me forcibly, probably because it pictures so well the life of the private nurse: "Unless a nurse is prepared for a life of untiring effort and disappointments, discomforts or deprivations, countless sacrifices of time, talent, and inclinations, unless indeed able to suppress her own heartaches, and to give herself bravely and brightly to the work with patience, enduring all things, and with faith, hoping all things, I would beg of her to hesitate before choosing as her mission in life that of a nurse."

The private nurse realizes that this is her straight and narrow path if she would make a success of her work, but the would-be probationer has rarely any conception of what will be required of her should she enter the profession. It occurred to me that it might not be an altogether unsuitable quotation on application blanks for training schools, thus briefly acquainting the applicant with what may be required of her.

S. K. K.

OPERATIONS ON MALE PATIENTS

DEAR EDITOR: May I ask M. M. of the February number why she feels the way she does, as regards operations on male patients. From the professional point of view is a man any different from a baby or a young boy? Is it not the thoughts of the individuals that make the difference? I have found that too often those nurses who are apparently such sticklers when it comes to

male patients, think very little about the feelings of their own sex in such cases, not even when young students are acquiring practical knowledge from exposure of female patients. In fact, I have known nurses to smile at what I would consider rather coarse remarks, at such times.

I fully believe that nurses should be trained to look upon the human body of either sex in such a way and to become so familiar with it all that the term "screen" would become obsolete. As I see it, there is no reason why a true nurse should think any more about seeing an operation where the genital organs are exposed than she would upon seeing an operation on the eye.

I have taken care of a great many male patients in my private practice. If one required to be catheterized I catheterized him. If a tub bath was necessary for the patient's welfare I gave it. If he required the urinal and could not adjust it on account of hands or arms being useless for the time being, I adjusted it and at no time did I find that they minded it any more than my female patients did when I had to do the same for them; in fact, not as much as some of them did. I also found that instead of decreasing the patient's or doctor's estimation of me it increased it. When I had any of the above to do I got everything ready and then told my patient, at the same time appreciating his sensitiveness the same as I would one of my own sex.

M. J. W.

BETTER NURSING FOR CHILDREN IN PUBLIC ORPHANAGES

DEAR EDITOR: A few years ago, having charge of a hospital in one of these institutions, I came to know just how necessary it was that a capable nurse should be placed in every such institution. For instance, in the orphanage with which I was connected, sheltering some two hundred and fifty children, having a large farm, and where conditions should have been ideal, I found all buildings, with the exception of the hospital, in a most unsanitary condition. Dormitories were infested with vermin, as were the children; water closets were never properly flushed; stagnant pools of water were standing on the campus, and this in a part of the country where malaria runs riot.

Naturally the little hospital, of some twenty-five beds, was always well filled with cases of malaria, typhoid, scarlet fever, and diphtheria, not to mention numerous other diseases common among children. There were also many accident cases. Altogether, conditions were such as to make the soul of even a well-seasoned nurse quail, and recognize her inability always to cope with the situation. By far the greatest difficulty was encountered in trying to better hygienic conditions, when resistance was met at every turn from ignorant and old-fashioned matrons. One was even found feeding sweet potato to a year-old baby to correct diarrhoea! Innumerable cases of just such mismanagement were of common occurrence.

The point I wish to emphasize especially is, that, though provision is made by the state for the service of a graduate nurse, it was recently brought to my notice that the authorities had dispensed with such service and had installed in the nurse's place a slip of a girl, an inmate of the institution brought up under the most unhygienic teaching, with absolutely no hospital training. This young girl, with the help of mere children, was caring for serious cases, preparing for and assisting at minor operations and even amputations, at which no nurse was present.

If such conditions prevail in one institution which is fondly supposed to be a model one, are there not probably others? Now that the combined efforts of the nurses and the women's clubs are influencing legislation for the betterment of conditions in almshouses, why cannot something be done to enforce legislation which has already been enacted, in behalf of the children who are cared for in separate institutions? M.

A SUCCESSFUL CENTRAL REGISTRY

DEAR EDITOR: As the subject of establishing successful central registries seems to be one that is taking up the thought and time of nurses and nurses' associations all over the country, I should like your many readers to know what the nurses of Kansas City have done along this line.

The Kansas City Graduate Nurses' Association established a central directory last July; from the beginning it has been self-supporting. The directory is in charge of an experienced registrar and is governed by the executive board and three members of the association (nurses doing private duty). The registrar receives a salary of \$75 per month.

At the end of our first six months we have not only regularly paid the salary of the registrar, but all bills for telephones, printing, and current expenses have been paid and we have a balance of \$38 in our treasury; this does not mean the treasury of the association, for the finances of the directory and association are kept entirely separate. Both nurses and physicians unite in voting the central directory a success.

From the beginning we have had the earnest and loyal support of the superintendents of the various hospitals and training schools. The nurses have put school feeling aside, and have worked nobly for a common cause.

When plans for the central directory were discussed, it was voted by the nurses to make the directory fee sufficient to enable the directory to be run in the most efficient way possible. A fee of \$10 per year, payable semi-annually, was voted. It was also voted to devote any surplus over and above running expenses to the establishing of a benefit fund for sick members.

To be eligible to the directory privileges, a nurse must be a member of the Kansas City Graduate Nurses' Association. We have 222 members in the association and a directory list of 125. We have averaged 125 calls per month. Our out-of-town calls are steadily increasing.

We trust that our small measure of success may encourage those who hesitate.

MENA SHIPLEY, R.N., Secretary.

PRIVATE DUTY PROBLEMS

DEAR EDITOR: I have proven to my satisfaction that in caring for my patients during the day, they do remarkably well as a rule. I have also proven that if I keep myself in good condition by coming home to sleep in a good bed in a comfortable room, and by getting my morning bath and a good breakfast (the living even among the rich in this country is not always what would be called good for a person who works, in your country) that my work is not so arduous and that the patient does better. As I compare the patients cared for in this way with those equally as sick for whom I have cared in the past, I can see that they did not do nearly as well when I was not working under

hygienic conditions, or attempted doing more than twelve hours' work, or worked at night when alone on a case.

I presume the training of nurses has so advanced that pupil nurses who require education in personal hygiene receive it. But I can recall, during my training, nurses whose teeth were so covered with tartar that I doubt if they possessed a toothbrush, and nurses going to the bathroom barefooted, whose feet looked as though they had not recently been bathed. Is it possible that a nurse's body, enveloped in what is unclean, could carry a mind of good quality? Doesn't it seem necessary that, for the good of the profession, the probationers or pupil nurses should be taught that a daily bath and physical cleanliness are necessary for their health?

And when a nurse finishes her training, would it not be for the good of the profession to teach her, as a lesson committed to memory word for word, that if she is to do private nursing she should locate herself where she can have a warm room in winter, a daily bath in a warm bathroom, good food, and hygienic necessities when at home; and to stipulate that her room shall be cared for, that she may use her energies in mental diversion when off duty, or her time in rest.

In my observation I have also learned that many families having nurses keep uppermost in their mind the idea, "How much work can I exact from this nurse?" To offset this could a nurse be taught that the uppermost thought in *her* mind should be, "The best good of my patient." She should *know* that the physical and mental condition of her patient is what it should be; and that takes plenty of careful thought. Then, if the family be a poor one, she can attend to the sweeping and dusting of the room or make a special effort to do so. But with people of means why should the room not be cared for by the servant when the person is ill as well as when he is well? The nurse can see that the servant cares for the room as noiselessly as she. Why should the servants do any less when a nurse is in the house? Is there not sufficient for the nurse to do, if she secures "the best good of her patient" without lightening the work of the servants? The nurse's duty is distinct from anything that any one else can do. It requires discrimination and insight to know when to do such things as caring for the patient's room and when not to. To care for the room when there are servants and where the family has the idea "how much work can I extract from this nurse" is harmful to the profession.

If a nurse is conscientious in caring for her patient, it is reasonable to infer that the better care the nurse receives, and the less that is unnecessarily put upon her, the better care the patient will receive. EDITH C. HUNTINGTON.

A PRAYER FOR NURSES

DEAR EDITOR: The little prayer I send was read to my class when we graduated, and was taken from a volume called "Prayers for all Occasions." I do not know the author.

"Be gracious Lord to those who watch by the sick. Give them skill to perform their duties, sympathy to relieve the suffering, strength to bear with their infirmities, and grace to show in the blessings of Thy discipline. In darkness give them the light of Thy holy presence; in temptation, Thy guardianship; in emergencies, the assistance of Thy holy angels. When they cannot join in the public offices of the sanctuary, help them to join with all Thy

saints in the unity of the Spirit, that in the consciousness of Thine acceptance they may experience the power of Thy support, through Jesus Christ our Lord. Amen."

L. N. H.

RED CROSS NURSING AND CENTRAL DIRECTORIES

DEAR EDITOR: In your editorial in the March number on the subject of Red Cross Nursing and Central Directories, the statement is made that "Developments seem to show that Red Cross nursing service and central registries governed by nurses for nurses are inseparable."

The fact that so few central registries are in existence in the United States would seem to indicate that nurses themselves are not all of the same opinion as to the desirability of having them established. Therefore, it seems to me to be ill-advised "during this difficult period of organization" to handicap the work of building up an effective nursing service for the Red Cross by making it in any way dependent on the promotion of the central registry idea.

BEATRICE STEVENSON.

INFORMATION NEEDED

DEAR EDITOR: I am wanting information regarding a course of instruction in orthopaedic nursing for graduate nurses. I should prefer a western hospital.

I thoroughly enjoy my AMERICAN JOURNAL OF NURSING, it is of assistance in many instances. Dr. Potter has my sincere thanks for her article in the March number.

A. C. B.

[Replies may be addressed to A. C. B. care the editorial office of the JOURNAL.]

PRACTICAL APPLICATION OF JOURNAL ARTICLES

DEAR EDITOR: The article on lunches some months ago was very pleasing to me, as since my marriage I have had to put up lunches for my husband. He sits all day and is under great mental strain, and it was a problem with which I felt unequal to cope, to make his luncheons dainty, nourishing, and easily digested, and still have variety.

Now comes this month's magazine with the article on "The Hygiene of Menstruation." People have accused me of wilfully abusing my health at that time because I would bathe and change clothing. It is astonishing how deep-seated that belief is, even among well-educated people; also that too much bathing is not good for the parturient woman.

Miss McIsaac's articles on "Household Hygiene" helped me convince my husband that we didn't want a great mass of decorated furniture and bric-a-brac and lace curtains to accumulate and hold dust, and that polished floors with rugs were cleaner than carpets.

Wishing you much success this coming year in every way.

J. M. H.

FORCED FEEDING OF POLITICAL PRISONERS

DEAR EDITOR: I am a subscriber to the JOURNAL, and am interested in the article of the March number on the feeding of political prisoners in England. I am an English nurse and would like to say I am not in sympathy with the prisoners when it becomes a matter of life or death.

What is the government to do? Because women refuse to eat and are acting insanely, is it to let the prisoner die? and so cause greater "scandal."

The object in itself may be well worth suffering for, but cannot be very heroic in causing notoriety. It seems like a naughty spoiled child.

I believe in woman's rights to a certain extent, for we all know in some cases women can work better than men, but I do not and cannot believe that those rights are even desirable if they cause women to lose their dignity and womanhood in refusing food and being brought into such prominence. There can be nothing "craven" in ordering persons to be fed when they are not in a condition mentally to decide for themselves, and I am astonished that a nurse, especially, should try to live without eating, particularly to accomplish the object she has in view.

I am ashamed for some of my own countrywomen in raising such commotion, —as much as we may want the suffrage, they certainly do not assume a very lady-like manner in resisting so actively.

Are we surprised when men lose respect for us and our ideas, when we compel them to do so by first losing our own dignity?

If the country were governed by women, we should want to go back to some of the men, and surely women who are so highly strung and capable of bringing such notoriety must be much more unfit, both mentally and physically, to direct and control public affairs than a cool-headed man.

J. B.

One of the crying needs of the day is suitable provision for the inebriate. For many years the fact has been impressed upon me that the abuse of alcohol is one of the most prominent factors in the causation of insanity, and this view is now quite generally accepted by alienists the world over.

In a study which was made last year of 961 cases of insanity admitted to the Manhattan State Hospital in which a fairly reliable history could be obtained, we found that of all the causes, alcohol, either alone or combined, stood out most prominently. Of 358 men whose insanity was said to be due to physical causes, 145, or over 40 per cent., were due to alcohol alone, while 231, or over 64 per cent., were due to alcohol and other physical causes.

Among the 336 women in whom the exciting cause was physical, 25 per cent. were due to alcohol alone and 33 per cent. were due to alcohol and other physical agents.—Dr. Wm. Mabon in *The Survey*.

Homer Folks, of New York City, recently made the statement before the National Association for the Study and Prevention of Tuberculosis that there are at the present time in the United States 75,000 cases of tuberculosis in advanced stages of the disease, and that every one of these cases ought to be isolated in hospitals, but that there are only 5000 beds in the entire country for these 75,000 cases.—NATIONAL ASSOCIATION FOR THE STUDY AND PREVENTION OF TUBERCULOSIS.

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL

AMERICAN NATIONAL RED CROSS NURSING DEPARTMENT

THE CARE OF THE SICK AND WOUNDED IN TIME OF WAR was primarily the chief object in organizing the Red Cross, and the necessity of securing volunteer nurses was clearly indicated in three of the six original articles of agreement by the following paragraphs:

ARTICLE IV.—“To train and instruct volunteer nurses.”

ARTICLE V.—“In particular they shall organize and place volunteer nurses on an active footing.”

ARTICLE VI.—“On the demand or with the concurrence of the military authority the committee shall send volunteer nurses to the field of battle.”

No effort was made in this country to establish an adequate nursing personnel until after the reorganization of the Red Cross in 1905, when several states through special committees undertook the enrollment of nurses for service under the American Red Cross, but there was no concerted action, nor were there uniform requirements.

With the growth of the American Red Cross and the extension of its activities into various new fields, notably in connection with emergency relief, tuberculosis work, and first aid instruction, the need of nurses even in time of peace was clearly demonstrated.

During the last few years there has developed in America the largest organization of trained nurses to be found in the world, and the Red Cross, quick to realize the advantages of co-operation with this representative body of women, requested the affiliation of the Nurses' Associated Alumnae of the United States with its own society, and submitted to them at their annual meeting in 1909 the following resolutions of the War Relief Board of the American Red Cross, providing for a sub-committee on nursing service:

Resolved, “That the sub-committee on Red Cross nursing service shall consist of a chairman and fourteen other members, five to constitute a quorum. The chairman and five members to be members of the War Relief Board, to be appointed by the chairman of the Board; six members to be appointed by the chairman of the Board from a list of trained nurses submitted by the Nurses' Federation, and three persons to be appointed by the chairman on recommendation of the Board.”

The chairman and two other members of the committee to be selected from trained nurses, members of the War Relief Board. Of the three other members one should be a surgeon of the army, one a surgeon of the navy, and the third some other member of the War Relief Board. This will give a membership of nine trained nurses on a committee of fifteen.

This affiliation was agreed upon by the Nurses' Associated Alumnae and after the annual meeting of the Red Cross in December, 1909, a National Committee on Red Cross Nursing Service was appointed by the War Relief Board in accordance with the above resolution.

OUTLINE OF PLAN FOR THE ENROLLMENT OF NURSES ADOPTED BY THE
NATIONAL COMMITTEE ON RED CROSS NURSING SERVICE

DUTIES OF NATIONAL COMMITTEE.—To organize the nursing service of the Red Cross.

To make uniform rules for the enrollment of nurses throughout the country.

To arrange for the establishment of state and local committees on Red Cross nursing service, and to specify the duties of all such committees.

To appoint annually state committees on Red Cross nursing service of not less than five or more than ten nurses who are members of organizations affiliated with the Nurses' Associated Alumnae of the United States, but where a state nurses' association exists which is affiliated with the Nurses' Associated Alumnae, appointments must be made from names submitted by the executive committee of such state nurses' associations.

To issue to local committees on Red Cross nursing service the necessary blank forms for application of nurses for enrollment.

To receive and file in the central office of the Red Cross in Washington the application blanks and required credentials of all nurses who have been accepted by local committees for enrollment as Red Cross nurses, and to issue cards of appointment and Red Cross badges to all such accepted applicants.

To appoint, as headquarters, registries for nurses or other offices recommended by local committees as suitable places for filing lists of enrolled nurses.

To keep in the central office of the Red Cross in Washington card catalogues of all state and local committees and of all headquarters for enrolled nurses, with the approximate number of nurses available at each.

To ascertain and keep on file the various sources of volunteer service available, including sisterhoods and members of other orders.

To arrange for courses in home nursing, hygiene, and first aid under the direction of the Red Cross, utilizing as far as possible for this instruction enrolled Red Cross nurses.

To arrange for lectures on the relation of nurses to the Red Cross, and to encourage the presentation of the subject to graduating classes of nurses throughout the country.

To study the nursing service of the Red Cross in other countries, with the object of improving that in America.

In co-operation with the medical departments of the army and navy, to provide instruction for enrolled nurses in the special duties which would be required of them in time of war.

All matters relating to the services of nurses under the Red Cross will be referred to the chairman or secretary of the National Committee on Nursing Service, and in co-operation with such other members of the committee as may be necessary they will be responsible for all assignments of nurses to duty, and when two or more nurses are sent out together one shall be placed in charge or authorized to act as head nurse.

The National Committee on Red Cross Nursing Service shall hold regular semi-annual meetings, one in Washington at the time of the annual meeting of the Red Cross, and the second at the time and place of the annual meeting of the Nurses' Associated Alumnae.

Special meetings may be held at any time at the call of the chairman.
Full reports shall be presented at the semi-annual meetings.

JANE A. DELANO.

TUBERCULOSIS SCHOLARSHIP

THE SCHOLARSHIP OF THREE HUNDRED DOLLARS offered for last year by the Tuberculosis Committee not having been awarded, has been placed in the hands of the Hospital Economics Committee of the Superintendents' Society for the year 1910-1911, to be awarded by them to some student who desires to make a special study of the tuberculosis problem.

Application for this scholarship should be made to the chairman of the committee, Annie W. Goodrich, Bellevue Hospital, East 26th Street, New York City.

ASSOCIATED ALUMNÆ NOTICES

THE Secretary has mailed to all the alumnæ, state, county, and city associations, which are associated or affiliated, a letter of instruction to delegate, a credential card, a copy of recommendations from committee on reorganization and copy of circular containing information regarding rates. If any society fails to receive same, it should notify Miss Deans, enclosing a stamp, and another will be mailed immediately.

Suggestion to delegates and others going to the convention who are residing west of Chicago: We have been requested by the lines in the Western Passenger Association territory to refer you to the regular one-way fares in effect to Chicago, Peoria, and St. Louis, with the understanding that persons can repurchase from those points and take advantage of the reduced fares authorized therefrom.

In order that you may fully understand the situation, we beg to state that the fares to Chicago, Peoria, and St. Louis from a large part of Western Passenger territory are now on the basis of two cents per mile, hence if persons desiring to attend the meeting will purchase tickets to those points and then rebuy at the reduced fares authorized therefrom, they will secure practically the same reduction in the territory of this association as would be accorded by fare and one-third on the basis of the old rates.

Reduction in fare on certificate plan for meeting of Nurses' Alumnæ Association, New York City, May 16-21, 1910: A reduction of a fare and three-fifths, on the certificate plan, has been granted by the Trunk Line Association, Mr. C. L. Hunter, vice-chairman, 147 Liberty Street, New York City.

The Trunk Line territory includes Buffalo, Niagara Falls, Suspension Bridge, Dunkirk and Salamanca, N. Y.; Erie and Pittsburgh, Pa.; Bellaire, Ohio; Wheeling, Parkersburg and Kenova, West Virginia, and points east, except in New England; also

Central Passenger Association: territory west of Buffalo, Pittsburgh, Wheeling, Parkersburg, and Huntington, to and including Chicago and St. Louis and north of the Ohio River, including Cincinnati, Louisville, and Cairo.

MR. C. F. DONALD, Commissioner, Tribune Building, Chicago, Ill.

INSTRUCTIONS WHICH MUST BE FOLLOWED IN ORDER TO GET A RATE OF
A FARE AND THREE-FIFTHS

1. Tickets at the regular full one-way first-class fare for the going journey may be secured within three days (exclusive of Sunday) prior to and during the first three days of the meeting. The announced opening date of the meeting is May 16, and the closing date is May 21, consequently you can obtain your going ticket and certificate not earlier than May 12, nor later than May 18. Be sure that, when purchasing your going ticket, you request a certificate. *Do not make the mistake of asking for a receipt.*

2. Present yourself at the railroad station for ticket and certificate at least 30 minutes before departure of train on which you will begin your journey.

3. *Certificates are not kept at all stations.* If you inquire at your home station, you can ascertain whether certificates and through tickets can be obtained to place of meeting. If not obtainable at your home station, the agent will inform you at what station they can be obtained. You can in such case purchase a local ticket thence, and there purchase through ticket and secure certificate to place of meeting.

4. Immediately on your arrival at the meeting, present your certificate to the endorsing officer, Miss Agnes G. Deans, secretary.

5. It has been arranged that the special agent of the Trunk Line Association will be in attendance on May 18 and 19, to validate certificates. *A fee of 25 cents will be charged at the meeting for each certificate validated.*

If you arrive at the meeting and leave for home again prior to the special agent's arrival, or if you arrive at the meeting later than May 19, after the special agent has left, you cannot have your certificate validated, and consequently you will not get the benefit of the reduction on the home journey. *No refund of fare will be made on account of failure to have certificates validated.*

6. So as to prevent disappointment, it must be understood that the reduction on the return journey is not guaranteed, but is contingent on an attendance at the meeting of not less than 100 persons holding regularly issued certificates obtained from ticket agents at starting points, showing payment of regular full one-way first-class fare of not less than 75 cents on going journey.

7. If the necessary minimum of 100 certificates are presented to the special agent, and your certificate is duly validated, you will be entitled up to and including May 25, to a continuous passage ticket by the same route over which you made the going journey, at three-fifths of the regular one-way first-class fare to the point at which your certificate was issued.

Please read carefully and preserve for reference when going to meeting.

MARGARET P. LITTLE, Chairman.

GEORGIA M. NEVINS,

LOUISE PERRIN,

Transportation Committee.

LIST OF RAILROAD LINES OF THE TRUNK LINE ASSOCIATION MAKING
THE REDUCTION

Baltimore & Ohio R. R., Baltimore Steam Packet Co., Buffalo & Susquehanna R. R., Buffalo, Rochester & Pittsburgh R. R., Central R. R. of New Jersey, Chesapeake & Ohio R. R., Chesapeake Steamship Co., Cumberland Valley R. R., Delaware & Hudson Co., Delaware, Lackawanna & Western R. R., Erie R. R.,

Fonda, Johnstown & Gloversville R. R., Jamestown, Chautauqua R. R., Lehigh Valley R. R., New York Central & Hudson River R. R., New York, Philadelphia & Norfolk R. R., Norfolk & Washington Steamboat Co., Pennsylvania R. R., Philadelphia & Reading R. R., Pittsburgh, Shawmut & Northern R. R., Western Maryland R. R., West Shore R. R.

AGNES G. DEANS, Secretary,
661 Cass Avenue, Detroit.

CONTRIBUTIONS TO THE JOURNAL PURCHASE FUND TO MARCH 14, 1910

Previously acknowledged	\$1719.50
Nebraska State Nurses' Association	50.00
Wesley Hospital Alumnae Association	25.00
New York Post-Graduate Hospital Alumnae Association.....	75.00
Los Angeles County Nurses' Association	100.00
Janet J. Grout	10.00
M. Irene Moyer	10.00
Margaret Wylie .....	.50
Anonymous	1.00
A. E. Brobson .....	.50
Louise K. Rudolph	2.00
Wilhelmina Koeckert	1.00
	<hr/>
	\$1994.50

Methodist Episcopal Hospital Alumnae Association, Brooklyn, and St. Luke's Alumnae Association, Chicago, each one share of stock.

ANNA DAVIDS, R.N., Treasurer,
Member of JOURNAL Purchase Fund Committee, 128 Pacific Street,
Brooklyn, N. Y.

IN DISTRIBUTING THE LISTS OF LITERATURE compiled for the Committee on Public Health of the Associated Alumnae, the committee has included membership blanks for the use of any nurses who wish to join the American Society of Sanitary and Moral Prophylaxis. The secretary of this society informs us that it is not necessary for nurses to be proposed by some member of the society, as appears on these blanks, but that some identification of themselves—hospital position, or other work, or mention of some one who can endorse them if called upon—is all that is necessary. The society welcomes nurses into membership, believing that they may be of great practical usefulness, and as members they will receive the reports and literature published by the society.

L. L. DOCK, R.N.,
Member Public Health Committee.

CHANGES IN THE NAVY NURSE CORPS SINCE JANUARY 1, 1910

APPOINTMENTS: Mary T. O'Connell, January 24, graduate of Brooklyn Hospital Training School, Brooklyn, N. Y., one year head nurse and one year in charge of operating room at same hospital; Louise M. Pitz, February 9, graduate

of Willard Hospital Training School, Chicago, Ill., head nurse in same hospital, late superintendent of Greeley Hospital, Greeley, Colorado.

TRANSFERS: Anna G. Davis, February 2, from the Naval Medical School Hospital, Washington, D. C., to the U. S. Naval Hospital, Brooklyn, N. Y. Margaret D. Murray, February 10, from the Naval Hospital, Annapolis, Md., to the Naval Medical School Hospital, Washington, D. C. Alice M. Annette, February 12, and Martha Hamlin, March 9, from the Naval Medical School Hospital, Washington, D. C., to the Naval Hospital, Annapolis, Md.

ESTHER V. HASSON,
Superintendent Nurse Corps, U. S. N.

NEW HAMPSHIRE

Hanover.—A MEETING was held recently at the nurses' home of the Mary Hitchcock Memorial Hospital, attended by twelve graduates of the training school for nurses, at which an organization was formed to be known as the Mary Hitchcock Memorial Hospital Alumnae Association. The object of the organization is announced to be the advancement of the educational standard of nursing, the furtherance of the efficient care of the sick, the maintenance of the honor and character of the profession, with the furtherance of cordial relations among the graduates of the school. A constitution and by-laws were adopted, and the following officers elected: president, Mrs. Gray; vice-president, Miss Corning; secretary, Miss Robbins; treasurer, Miss Foster. It was provided that most of the business of the association should be in the hands of an executive committee, composed of the officers and two other members elected from the floor at each annual meeting. There is also a membership committee, to whom application for membership can be made, all nurses holding diplomas from the school being eligible. The first nurse to receive a diploma from this school finished her course of training in 1895, and there are in all eighty-eight graduates, of whom a large majority are registered with the state board, and have therefore the degree R.N.

MASSACHUSETTS

Boston.—SARA E. PARSONS, who has organized and put in splendid working order the Griffin Hospital in Derby, Connecticut, has resigned her position and on March 1 went to the Massachusetts General Hospital as superintendent of nurses, in place of Georgiana J. Sanders, who has resigned. Harriet J. Allyn, of the Massachusetts General Hospital, succeeds Miss Parsons as superintendent of the Griffin Hospital.

THE MASSACHUSETTS GENERAL HOSPITAL ALUMNÆ ASSOCIATION held its monthly meeting on February 23. Miss Anderson, the president, having gone abroad, Helen Claire, first vice-president, presided. The question of establishing a school directory was discussed and a committee appointed to bring in a report at the next meeting. A committee was also appointed to nominate officers for the sick relief association.

MISS MORELY, who has been temporarily filling Miss Drown's place at the Boston City Hospital during the latter's illness, has accepted a position in Minneapolis. Miss Nichols, of the South Department, will fill the position for the present.

THE INSTRUCTIVE DISTRICT NURSING ASSOCIATION held its annual meeting

on the afternoon of February 23. Papers showing the growth and importance of the work were read by Martha H. Stark, district superintendent, Miss F. B. Hinckley, superintendent of the school for nurses, and Miss M. T. Barry, one of the staff nurses, gave a practical account of her work, illustrated by stereopticon views. The district nurses visit the babies that have been cared for by the Floating Hospital, to carry out the work commenced there.

CONNECTICUT

New Haven.—THE CONNECTICUT TRAINING SCHOOL ALUMNÆ ASSOCIATION held its monthly meeting on March 3, fifteen members being present. May Connor, Elizabeth Bigelow, and Kathryn Quinn were transferred from passive to active membership. Delegates were appointed for the Associated Alumnæ meeting in May: Rose M. Heavren, Margaret Stack, and J. T. Coonan; alternates, Mrs. Lockwood, Jennie Muldahey, Mrs. Burwell. The next meeting will be held on April 7, at which time a nominating committee will be appointed.

NEW YORK

ANNIE DAMER, R.N., president of the Board of Nurse Examiners, on January 25 sent her resignation to the Education Department, in order that it might be acted upon at the next meeting of the Regents and her successor appointed before the time of preparation for the June examinations. Her term of office expired after these examinations, but on account of the pressure of work at the opening of the summer season at Echo Hill Farm, she felt that she could not devote the time needed to the state work.

ANNA L. ALLINE, R.N., inspector of training schools for nurses under the Education Department, has resigned, her resignation to take effect at the end of the school year. The vacancy thus created is to be filled by another nurse inspector.

New York.—ROOSEVELT HOSPITAL is to have a fine new nurses' home. Plans have been drawn, and work will be started as soon as possible.

THE NEW YORK CITY TRAINING SCHOOL ALUMNÆ ASSOCIATION has elected the following officers for 1910: president, J. Amanda Silver, R.N.; vice-president, M. E. Fisher; recording secretary, Elizabeth Gregg, R.N.; corresponding secretary, Grace Forman, R.N., 210 West 80th Street, New York City; financial secretary, Helen L. Kerrigan, R.N.; treasurer, Mrs. T. Hines Nason.

Brooklyn.—THE KINGS COUNTY REGISTERED NURSES' ASSOCIATION held its annual meeting in the County Medical Building on February 17. Reports from the different committees were very interesting. Miss Dewey, as president of the Central Red Cross Committee, reported that the nurses individually and at the hospitals and post-offices had sold in Brooklyn 140,645 Christmas stamps (\$1406.45). The members congratulated themselves and felt that the Red Cross had brought a new interest to the society. Two new members were added to the list—the German Hospital and the Brooklyn Homœopathic. The following officers were elected: president, M. J. Parry, R.N.; vice-presidents, Susan Crouch, R.N., Lillian C. Waterman, R.N., Mary O'Donell, R.N.; recording secretary, Helen Treganza; corresponding secretary, Mrs. Alberta Ross Henrichsen, R.N., Shore Road and 83d Street, Brooklyn; treasurer, Dorothy McDonald. A committee was appointed to arrange for a social meeting in May. Miss Dennie

gave a cordial invitation from the Brooklyn Alumnae for the use of its clubhouse by the society.

The Seney Journal, the organ of the alumnae of the Methodist Episcopal Hospital, completes its first year with its March issue. Minutes of the last four alumnae meetings are given, also an encouraging account of the endowment fund. The first payment of \$5000 has been made to the hospital, and of the second installment, \$2147.05 is on hand, with unpaid pledges of \$500.

ANNA DAVIDS, R.N., has taken charge of the children's sanatorium at Lakewood, N. J. Her official address as treasurer of the Associated Alumnae remains unchanged.

Yonkers.—THE SHERMAN MEMORIAL DISPENSARY held its formal opening on February 5, followed by a reception and inspection.

Dansville.—LILLIAN RADCLIFF, class of 1907, Jackson Sanatorium Training School, has been nursing in Paris the past fall and winter. Marion C. Mann, class of 1908, has been appointed superintendent of nurses at the German Hospital, Cleveland, Ohio. Agnes Stark and Caroline Macmillan, class of 1909, have been appointed in charge of wards at Lakeside Hospital, Cleveland.

Rochester.—THE ALLIANCE OF HOSPITAL WORKERS held a meeting on January 21 at the State Hospital, Miss May being hostess. Seven new members were admitted.

THE HOMŒOPATHIC HOSPITAL issues its twentieth annual report, showing that the number of patients treated has increased, that the death-rate is a low one, and that a great deal of the work done is charitable in character. The dispensary and the social service department increase in usefulness. Three visiting nurses are also employed by the hospital. Several bequests have been received during the year. Work will soon be commenced on the new nurses' home, a fine brick building provided for by Mr. Eastman's gift of last year.

Syracuse.—CLARA CUMMINGS AND ELIZABETH MANN, graduates of the Hospital of the Good Shepherd, have completed a course in massage in New York City.

NEW JERSEY

THE NEW JERSEY STATE NURSES' ASSOCIATION will hold its eighth annual meeting in Willard Hall, Bloomfield Avenue, Passaic, on Tuesday, April 5, at 2 P.M.

Newark.—THE ASSOCIATION OF VISITING NURSES OF NEW JERSEY held its annual meeting on March 11 at the Free Public Library.

PENNSYLVANIA

THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES, at its recent meetings, has granted registration to 316 additional nurses. The curriculum has been perfected and will be mailed to the different training schools in the very near future. Its adoption by June 1, 1910, will enable graduates after June 1, 1912, to be eligible for examination and registration. The board desires to acquaint the nursing and medical professions and the public with the fact that this board is the only *registration* board *legalized* by the state legislature. The list of those granted registration follows: Butler 3, Danville 7, Erie 3, Harrisburg 5, Lancaster 3, Mont Alto 5, McKees-

port 5, Oil City 3, Philadelphia 86, Pittsburgh 20, Punxsutawney 3, Reading 4, Scranton 8, Sunbury 5, Wilkes Barre 10, Wilkesburg 4, Washington 3; Maryland 5, New Jersey 13, Ohio 6, New York 7.

THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR THE REGISTRATION OF NURSES will hold a meeting in the Chamber of Commerce, Keenan Building, Pittsburgh, on April 21. There will be afternoon and evening sessions, both of which are open to all interested. The afternoon session will be utilized especially by the nurses, while the evening session will be given over principally to members of the medical profession and others interested in educational matters.

The object of this meeting is to bring before the nursing and medical professions the future work of this Board, and to hear discussions upon all such questions as will be of vital import in the rules to be established by the Board in its dealings with nurses and nursing questions. Many prominent speakers have been secured but this must not deter any persons present from speaking upon any subject that may interest them.

Philadelphia.—THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA NURSES' ALUMNÆ ASSOCIATION on March 7 had the pleasure of having Jane A. Delano as its guest at its monthly meeting. Many were present who were student nurses in the school when Miss Delano was assistant superintendent some time ago, and an enjoyable time was had. In the evening a reception was given at the club-house, at which Miss Delano gave a talk about the work of the army nurse corps which was very interesting to the large number present. It is hoped that Miss Delano may soon be a guest of the association again. Refreshments and a social hour completed a most helpful evening.

Scranton.—THE STATE HOSPITAL ALUMNÆ ASSOCIATION held its regular monthly meeting at the hospital on March 10, Mrs. Coppinger presiding. Ten members were present. In the absence of the treasurer, Miss Tighe was appointed treasurer pro tem. Thirty-six dollars were received. One new member was added. A letter from the Graduate Nurses' Association was read, and it was voted that a report of the monthly meeting be sent to the *Bulletin*.

DISTRICT OF COLUMBIA

THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold examination of applicants for registration May 4 and 5. Apply to the secretary for particulars.

KATHERINE DOUGLAS, Secretary,
320 East Capitol Street.

THE TUBERCULOSIS HOSPITAL service is made more desirable for graduate nurses in the wards by the recent increase in salary voted for them by Congress.

THE DISTRICT OF COLUMBIA RED CROSS SOCIETY EXECUTIVE COMMITTEE held a meeting on March 8 at which plans were perfected to open the Red Cross day camp on April 1. Arnold Hague, president of the local Red Cross, will supervise the camp.

Washington.—MARY PROSSER, R.N., a graduate of the Garfield Memorial Hospital, has been appointed head nurse at the Home for Incurables.

MISS SEELY, a graduate of Children's and Columbia Hospitals, has been appointed to succeed Miss Jennings as superintendent of the Children's Hospital, and assumed her duties February 1.

THE GRADUATE NURSES' ASSOCIATION at an adjourned meeting held on March 15 elected Miss M. E. P. Davis an honorary member. A reception to the two honorary members, Miss Delano and Miss Davis, followed the meeting.

MARYLAND

THE MARYLAND STATE ASSOCIATION OF GRADUATE NURSES held its seventh annual meeting in the hall of the Medical and Chirurgical Library, on February 10 and 11, 1910.

In the absence of the president, Mary C. Packard, president of the Maryland State Board of Examiners of Nurses, presided at the business session which was held on the first day. The reports of the various committees were read. The report of the Credential Committee showed that 37 new members had joined the association during the year, making a total of 304 active members. The report of the Maryland State Board of Examiners of Nurses showed that 81 nurses had received their R.N. during the year, making a total of 849 registered nurses in Maryland. The Committee on the Revision of the Constitution in its report pointed out some needed changes in the Constitution and By-Laws, and these will be acted on at the spring meeting. Dr. Edward O. Janney gave an interesting talk in regard to the suppression of the white slave traffic, and told something of the bill now before the legislature, which bill the association most earnestly endorsed. Dr. Mary Sherwood told the association something of the work of The National Association for the Study and Prevention of Infant Mortality, and asked that the nurses do all in their power to aid this association during its constructive period. After the appointing of a Committee on Resolutions, the meeting adjourned until the following day.

The second session opened on Friday, February 11, at 3 P.M. Mary E. Lent, head nurse of the Instructive Visiting Nurses' Association, presiding.

Jane A. Delano, president of the Associated Alumnae of the United States, gave a most instructive and interesting talk on the "Reorganization of the Red Cross Work." Harriet Bailey, Johns Hopkins Alumnae, read an interesting paper on the "Responsibility of the Nurse in the Treatment of Disease by Diet." Dr. Nathan R. Gorter told something of the Pure Food Bill, now before the legislature, which was heartily endorsed by the association. Mrs. William M. Ellicott, president of the Equal Suffrage League, in her most charming manner presented the subject of Municipal Franchise for Women in Baltimore, and won many advocates to the cause, insomuch that the association by a large majority endorsed the bill before the legislature.

After the officers for the coming year were announced, the meeting adjourned. President, Georgina C. Ross; vice-presidents, Marie A. Gorter, Sara Ward; secretary, Sarah F. Martin; treasurer, Sara R. Blandford; members of board for two years: Nannie J. Lackland, Mary Cloud Bean, Elizabeth G. Price.

SARAH F. MARTIN, R.N., Secretary.

Baltimore.—THE CENTRAL DIRECTORY was opened on February 1, with Eliza McLean, a graduate of the Massachusetts General Hospital, as registrar.

GEORGINA ROSS has been obliged to give up her work in Johns Hopkins Hospital. Her many friends will be sorry to learn this. She is now resting and receiving care and treatment in a sanitarium where she may remain for some little time. Her connection with the hospital and training school has been a long one, covering a period of about eighteen years, in which she has rendered

highly efficient and most devoted service. It is a matter of deep regret to all that she is unable to continue her work, but it is hoped that rest and change will ultimately enable her to resume it. Elsie M. Lawler, for many years assistant superintendent in the school, and lately superintendent of nursing in the Tuberculosis Sanitarium in Pittsburgh, has been appointed acting superintendent.

WEST VIRGINIA

THE BOARD OF EXAMINERS has three times during the past winter received letters from those intending to start training schools for nurses asking official intelligence as to how best to start, what the Board thinks the wisest selection of studies, etc. This seems to the officers a hopeful sign.

OHIO

Cleveland.—THE CLEVELAND TRAINING SCHOOL ALUMNÆ ASSOCIATION was entertained in January at the home of Mrs. Koubler. The February meeting was held at Huron Road Hospital, and after the business session the members were entertained by Miss Hogle and Miss Irving, superintendent and principal. The March meeting was held at Canfield-White Hospital, a social hour following the programme.

Cincinnati.—THE JEWISH HOSPITAL ALUMNÆ ASSOCIATION held its regular meeting February 4, a large number being present, and the secretary presiding. As the directors had refused an endowed bed in the Jewish Hospital, it was decided by ballot to use the money collected for that purpose for a nurses' sick benefit fund. Other business of interest was also transacted. It was decided to subscribe ten dollars annually toward the Visiting Nurse Association of the city. A talk on the aim and object of this association was given by its superintendent, Miss A. Roberts. Miss B. Fielding read an instructive paper on "The Care a Nurse Should Take of Herself."

MICHIGAN

THE MICHIGAN STATE NURSES' ASSOCIATION will hold its sixth annual meeting in Port Huron, June 28, 29, and 30.

Ann Arbor.—THE ALUMNÆ ASSOCIATION of the University of Michigan Training School for Nurses called a meeting February 25 of all graduate nurses in the city, for the purpose of reforming the Washtenaw County Graduate Nurses' Association and to talk over plans for a club and registry. Agnes G. Deans, of Detroit, was present and gave many helpful suggestions. It was decided to call a meeting March 11, to elect officers. At this meeting the following officers were elected: president, Fantine Pemberton; vice-president, Mrs. Chas. George; secretary, A. I. Amaden; treasurer, Marion Parks; directors, Mrs. Anna Whitely, Julia Stahl, and Antoinette Light.

WISCONSIN

THE WISCONSIN ASSOCIATION OF GRADUATE NURSES has become an incorporate body, and the first official meeting was held on February 9, at the Children's Free Hospital, Milwaukee. A large number of nurses have applied

for membership. The dues include the subscription to the *AMERICAN JOURNAL OF NURSING*, which is made its official organ.

Wauwatosa.—HELEN W. KELLY, superintendent of nurses at the Milwaukee County Hospital, has gone south for three months. During her absence her place will be filled by Carrie Baker.

MINNESOTA

Brainerd.—LAURA WHITTAKER AND M. STRANGWAYS have resigned their positions as superintendent of nurses and assistant at the Northern Pacific Hospital and will locate on a fruit farm at Prosser, Washington. They left the hospital on March 1. They will be succeeded by Maude Manning and Eleanor Rose, both graduates of the hospital.

INDIANA

THE INDIANA STATE BOARD OF NURSE EXAMINERS has changed the date of the spring examination to the first Wednesday and Thursday in May, instead of the third Wednesday and Thursday. This is done on account of the annual meeting of the Associated Alumnae, which will be held in New York the third week in May. All applications for the examination should be in by April 15.

EDNA HUMPHREY, Secretary.

Crawfordsville.

THE INDIANA STATE NURSES' ASSOCIATION will hold its seventh semi-annual convention on April 20-22 at Terre Haute. The first day will be occupied by the State Society of Superintendents of Training Schools for Nurses. On the second day it is hoped there will be an address by the assistant editor of the *AMERICAN JOURNAL OF NURSING*, Katharine DeWitt, of Rochester, N. Y.

ILLINOIS

Chicago.—THE ILLINOIS TRAINING SCHOOL ALUMNÆ ASSOCIATION at its February meeting had three papers on obstetrics. Eleanor Reed, class of 1907, has resigned her position as assistant in the Contagious Hospital to become superintendent of the Monroe Street Hospital. Laura Welch, 1907, succeeds Miss Reed. Elsie Schlund of the same class has become assistant night superintendent in the County Hospital. Margaret Kuehl, class of 1909, has become superintendent of nurses at the Multnomah Hospital, Portland, Oregon. Elizabeth Jackson of the same class is engaged in private nursing in Portland. On February 11 the graduate head nurses of the Illinois Training School were the guests of the faculty. The school has recently purchased the property at the corner of Honore and Congress Streets and hopes sometime to build further additions to the home.

ST. LUKE'S ALUMNÆ ASSOCIATION held its monthly meeting on March 15. An address on social hygiene was given by Dr. Rachel Yarros. At the February meeting an address on the Emmanuel Movement was given by Rev. Herman Page. Jessie Keys, class of 1895, has been appointed to take charge of and organize the visiting nurse work in Dubuque, Iowa.

THE SOUTH SIDE NURSES' ASSOCIATION is giving a course of lectures at Mercy Hospital to which all nurses are invited. On May 7, at 8 p.m., Miss Julia Lathrop will speak on "Present-Day Opportunities of the Nurse."

Peoria.—MARY BATEMAN, a graduate of the John C. Proctor Hospital, has completed her course in executive work at Bellevue and Allied Hospitals and will do private nursing in this city.

NEBRASKA

Omaha.—THE OMAHA SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES held its monthly meeting on March 4 with Mrs. A. G. Pinkerton. Letters were read and topics of general interest discussed. Music and refreshments concluded an enjoyable evening.

COLORADO

THE COLORADO STATE BOARD OF NURSE EXAMINERS will meet to examine applicants for registration on April 27, at the State Capitol, Denver. For further information apply to

MARY B. EYRE, R.N.,

1942 Pennsylvania Street, Denver.

Boulder.—THE UNIVERSITY OF COLORADO TRAINING SCHOOL held graduating exercises in the chapel of the university on the evening of March 3. President James H. Baker presented the diplomas to the five graduates.

WASHINGTON

THE KING COUNTY GRADUATE NURSES' ASSOCIATION held its regular meeting at the registry March 7, twenty-four members being present. In the absence of both the president and vice-president, the meeting was called to order by the secretary, who called Mrs. A. C. Green to the chair. Mrs. Green was appointed chairman, *pro tem*. Minutes of the previous meeting read and approved. Report of the registry read and ordered placed on file. Mrs. A. W. Hawley gave the report of the Seattle Federation of Woman's Clubs for the months of January and February. The report of the committee on the nurses' tuberculosis cottage was given by Mrs. B. Davies. Mrs. E. C. Murray, treasurer for the Cottage Fund, reported the cottage paid for and a balance of \$103.50 on hand, with others still to be heard from. A general discussion followed as to what should be done with the money. Mrs. Hickey moved, seconded by Mrs. Davies, that the money be used as a fund for sick nurses. Mrs. E. C. Murray suggested that the money be turned over to the state association to be used as they thought fit. Mrs. A. W. Hawley moved, seconded by Miss J. Brown, that the secretary be instructed to write the secretary of the state association, suggesting that she write the secretary of each county association, asking for suggestions for the disposal of the money. Motion carried. The amendment to Article III, By-Laws, was read, and on motion of Mrs. Hickey, seconded by Miss Durkin, was laid on the table. Moved by Miss Durkin, seconded by Mrs. Hickey, a committee of five be elected from the floor for the purpose of amending the Constitution and By-Laws. Motion carried. The committee as selected comprises Mrs. E. C. Murray, Mrs. A. W. Hawley, Mrs. E. M. Hickey, L. Limerick, I. Bonen. Miss MacMillan resigned from the committee on club-house and Miss Durkin was elected to fill the vacancy. Dr. Lillian C. Irwin gave an interesting lecture on "The Cause and Prevention of Ordinary Colds."

CANADA

Toronto.—THE BOARD OF TRUSTEES OF THE TORONTO GENERAL HOSPITAL carried unanimously, on December 1, the following resolution, That this Board of Trustees on the occasion of the retirement of Miss Mary Agnes Snively, after twenty-five years of faithful and honorable service as superintendent of the training school for nurses in connection with the hospital, desires to place upon record its deep appreciation of the highly satisfactory manner in which she has discharged the duties of the position, to testify to the rare quality of the service rendered, and to the ability, zeal, earnestness and devotion which have marked her administration and conferred distinction upon both the hospital and the training school, and to convey to her the assurance of the esteem and respect in which she has been held by all the members of the Board.

MR. JOHN C. EATON has donated two hundred and fifty thousand dollars to the new Toronto General Hospital. The proposed new hospital will probably cost in the neighborhood of one million, five hundred thousand dollars, consequently this added sum is valued very highly. The Provincial Government has appointed Mr. John C. Eaton as a member of the Board of Trustees of the Toronto General Hospital. Mr. Eaton succeeds Dr. J. O. Orr, who resigned to cause the vacancy.

IN THE DEATH of the late lamented Mr. Charles Cockshutt, the Toronto General Hospital Training School for Nurses lost one of its best friends and supporters. Mr. Cockshutt, among many other kindnesses to the training school, founded a yearly scholarship of fifty dollars, known as the "C. C. Scholarship." Jean Browne, a recent graduate, has been appointed head nurse of the Out-Door Department of the hospital. Miss Snively was recently the guest of Miss Palmer in Rochester.

Strathroy.—BY THE WILL of the late Mrs. Alice Inch ten thousand dollars was left for the erection of a hospital in this city. Strathroy up to the present time has no hospital.

BIRTHS

ON February 18, a daughter, Virginia, to Mr. and Mrs. Herbert L. Reese. Mrs. Reese was Daisy Falk, class of 1905, Hospital of the Good Shepherd, Syracuse.

ON February 13, at the Seattle General Hospital, a daughter to Mr. and Mrs. J. G. Mayo. Mrs. Mayo was Mrs. DeVecman, class of 1898, Seattle General Hospital.

ON February 28, at the Seattle General Hospital, a daughter to Dr. and Mrs. Glen C. Spurgeon. Mrs. Spurgeon was Stella Jones, class of 1908, Seattle General Hospital.

ON October 24, in Trenton, N. J., a son to Mr. and Mrs. Charles Hancock. Mrs. Hancock was Minnie Mumma, class of 1901, University of Pennsylvania Hospital, Philadelphia.

ON February 7, at the Seattle General Hospital, a son to Mr. and Mrs. Harry Leckenby. Mrs. Leckenby was Ruth Niverson, graduate of the Huron Street Hospital, Cleveland.

ON December 23, at Franklin Furnace, New Jersey, a daughter to Mr. and Mrs. D. McCarthy. Mrs. McCarthy was Addie Madden, class of 1903, St. Joseph's Hospital Training School, Paterson, N. J.

MARRIAGES

ON February 19, at Pasadena, Cal., Margaret A. Hamilton, class of 1905, Lakeside Hospital, Chicago, to Harry Leo Lowe.

ON March 3, Ivah M. Mick, class of 1907, Christ's Hospital, Topeka, to Edwin R. Evans. Mr. and Mrs. Evans will live in Tacoma, Wash.

ON January 25, Sarah E. Todd, class of 1906, Illinois Training School, to Ellsworth Richardson. Mr. and Mrs. Richardson will live on Muchakinock Farm, Pella, Iowa.

ON July 31, in Philadelphia, Frances Isabel Kelly, class of 1904, Rochester City Hospital, to Asa Williams Whitney. Mr. and Mrs. Whitney reside at 939 Shelby Street, Bristol, Va., Tenn.

DEATHS

EARLY in December, the infant son of Dr. and Mrs. George McPhedran, of the Canadian Presbyterian Mission, Dhar, India, of meningitis. Mrs. McPhedran was Maud McNish, class of 1901, Toronto General Hospital.

ON January 25, at Union Hospital, Lynn, Mass., Margaret McKinnon, of Peasboro, N. B., class of 1909, Cushing Hospital, Boston. Miss McKinnon had been in the best of health since her graduation last June until within a few days of her death. The news will come as a great shock to her many friends.

ON February 7, at the home of her sister, Portage, Wisconsin, May Violet Marshall, class of 1907, Monmouth Hospital, Monmouth, Ill. Miss Marshall was a patient sufferer for two years and was gifted with great force of character and true Christian principles. She had devoted her life to helping others. Her death is a cause of great sorrow to her fellow alumnæ.

ON March 15, at the Norton Infirmary, Louisville, Ky., Katherine O'Connor, class of 1899, of the Norton Infirmary Training School. Miss O'Connor had been registrar of the nurses' directory since its organization two years ago, and its unusual success is due to her untiring efforts, unselfishness, and consideration for others. She had not been well for many months, but was at her post until March 11. Her death will be a shock to her many friends.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

HOW TWO HUNDRED CHILDREN LIVE AND LEARN. By R. R. Reeder, Ph.D., Superintendent of New York Orphan Asylum, Hastings-on-Hudson. New York Charities Publication Committee, 105 East 22nd St., New York. Price \$1.25.

In making his report, Dr. Reeder adopts the narrative style and places before his readers a complete picture of the really happy lives that the children under his management live from day to day. The cottage plan in use at Hastings serves to blur the idea of an asylum, and the broad fields and beautiful surroundings which the children enjoy must mitigate the loneliness and feeling of bereavement for the little ones who know this as their only home.

The book, besides being valuable to all engaged in public institution work, might well be read by parents who desire to do their best for their own children. There is very little that Dr. Reeder does not know of the ways for getting the best out of the little ones and of helping them to help themselves.

A QUIZ BOOK OF NURSING FOR TEACHERS AND STUDENTS. By Amy Elizabeth Pope, Superintendent Insular School of Nursing, San Juan, Porto Rico; Joint Author of "Practical Nursing" and "Essentials of Dietetics"; and Thirza A. Pope, Supervisor of Visiting Nurses of the New York A. I. C. P. G. P. Putnam's Sons, New York and London. Price \$1.75.

The Quiz Book is a compact catechism of the whole range of nursing, including anatomy and physiology, bacteriology, hygiene, and materia medica. It is not intended to supplant the old system of teaching, but to be used for either class or individually for quick review of the subjects already taught. It will be found of immense service to those preparing for examinations, not only in recalling thoroughly the subjects in all their details, but in aiding to form concise and comprehensive answers to questions. To those who have left far behind the dreadful ordeal of examinations, it will appeal strongly also,

being exactly the medium necessary for recalling old uses or instructing in the new. Many nurses find it easy enough to carry in their minds facts which they have learned, and have no difficulty in transmitting to others any matter which has been stated to them, or which they may have read, but they find themselves in difficulty when they come to deal with original situations. They are called to instruct the nurses junior to themselves and are in a measure held responsible for the development of the character of those under them. To any who find this branch of their work irksome, we recommend Chapter XII,—Senior Quizzes,—it may not solve every difficulty, or prove the “open sesame” to all character, but it is certain to be of the utmost use in teaching the junior nurses.

Besides the quizzes, the book includes three chapters on subjects akin to nursing which are contributed by specialists on these several lines. Miss Margaret Bewley gives a chapter on district nursing, explaining its organization and financing, the teaching which is most called for in the class where district nursing is practised, methods of keeping histories and cards, and the stock usually kept in the loan bureau of a district nurses' association. Other special subjects are “Hospital Planning, Construction, and Equipment,” by Bertrand E. Taylor, and “Hospital Bookkeeping,” by Frederic B. Morlok of the Presbyterian of New York.

OBSTETRIC AND GYNÆCOLOGIC NURSING. By Edward P. Davis, A.M., M.D., Professor of Obstetrics in the Jefferson Medical College, Philadelphia; Obstetrician to the Jefferson Hospital; Obstetrician and Gynæcologist to the Philadelphia Hospital; Consultant to the Preston Retreat. W. B. Saunders Company, Philadelphia and London. Price \$1.75.

Dr. Davis has many friends among nurses who will be glad to welcome the third edition of his *Obstetric and Gynæcologic Nursing*. The book has been already reviewed in these pages.

ANATOMY AND PHYSIOLOGY FOR NURSES. By Le Roy Lewis, M.D., Surgeon to and Lecturer on Anatomy and Physiology for Nurses, at the Lewis Hospital, Bay City, Michigan. W. B. Saunders Company, Philadelphia and London. Price \$1.75.

The second edition of Dr. Lewis's book does not depart from the original text of its first appearance enough to call for a further review than the earlier edition received in these pages.

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NO. 8

EDITORIAL COMMENT



IN MEMORIAM

ISABEL HAMPTON ROBB

ISABEL HAMPTON ROBB, known and loved by hundreds of nurses, known by reputation and honored all over the nursing world, died in Cleveland, Ohio, on Friday afternoon, April 15, in a most frightful accident. She was walking across Euclid Avenue, talking with a friend, when an automobile approached them at such speed that Mrs. Robb jumped back to avoid it and in so doing stepped upon the street car tracks and was crushed between two cars which came upon her so rapidly from opposite directions that neither could she escape, nor could the brakes which were instantly applied avert the crash. She was probably instantly killed, though her body after being rescued was taken to St. Luke's Hospital in an ambulance in a vain effort to obtain help. Funeral services were held in Cleveland on the following Monday, and the burial was in Canada, her early home.

Mrs. Robb was the wife of Dr. Hunter Robb, a well-known surgeon of Cleveland, and the mother of two boys, Hampton and Philip, aged sixteen and eight.

The shock of her death is so great that it seems impossible yet to collect one's thoughts sufficiently to look back over her long service to the nursing profession—she was still in close touch with all its activities. One cannot think of a movement of importance of which she was not one of the moving spirits, organizer, supporter: the Superintendents' Society, of which she was president only last year; the Associated Alumnae, of which she was president for the first five years, and at whose meetings she was almost always present; the JOURNAL; the course

at Teachers' College, of which she was one of the lecturers; the International Association, to which she was a delegate last summer; the Red Cross, of whose central committee she was a member. All these will miss her sadly.

Mrs. Robb was one of the early graduates of Bellevue, of the class of 1883. She then took the course of eighteen months at St. Paul's House in Rome. Soon after her return she became superintendent of nurses at the Illinois Training School, Chicago, and during her four years in that position she planned and put in use the first graded curriculum of instruction used in this country. From Chicago, Mrs. Robb went to Baltimore to organize the Johns Hopkins Training School, where she staid for five years. She was married to Dr. Robb in London in 1894 and has since dwelt in Cleveland, but has never lost her close touch with nursing affairs. Perhaps she was most widely known through her text-books, "Nursing, its Principles and Practice," twice revised and used almost universally as a means of instruction in practical nursing, and "Nursing Ethics," the only book we have on that subject. She was one of our earliest nurse authors. "Once a nurse, always a nurse," was a favorite expression of hers, and her interest did not confine itself to the great nursing movements, but lent itself to any individual nurse who chanced her way, to whom she always showed gracious kindness.

Her bright face was always eagerly looked for at nurses' gatherings, and the New York meetings to which we have looked forward so happily cannot but be clouded by this catastrophe.

NURSING AS A PROFESSION FOR COLLEGE WOMEN

AN article with this heading is to appear shortly in the *Smith College Monthly*, written by Edna L. Foley, a graduate of Smith and of the Massachusetts General Hospital. It is hoped that it will perform a missionary work that is very much needed. We constantly deplore the "lack of good material" from which to make nurses, and the inferior qualifications possessed by many who apply for training, yet we have not gone to work systematically, as a profession, in a publicity campaign such as the Chambers of Commerce of our large cities find so helpful to progress, to make known to women of better education the attractions and opportunities in the life of a nurse.

The Young Women's Christian Association is another example of results obtained by aggressive work in right directions. It is constantly in touch with students in the colleges, sending representatives to speak of its work, and its national officers are constantly on the alert for the right sort of women for their work, leaving no stone unturned to bring

the interests of the association's work to their attention. College women leave their courses eager to be of use in the world, many enter the field of philanthropy as settlement workers, and just now that our opportunities are broadening so rapidly we specially need such recruits.

Several years ago there appeared in our pages an article by Mary Thornton Fick, of Cleveland, entitled "A Nursing Talk to High School Girls," in which she told of an invitation she received to address a class of high school seniors on the profession of nursing, and of the interest manifested by her hearers.

We have been much too humble in the past. Let those who are gifted as writers or speakers pursue the path marked out by Miss Foley and Mrs. Fick, and give graduating classes in colleges and high schools a chance to know what the nursing profession is and what it offers. This is the time of year when such plans can best be put into operation. If our nurses are too retiring to take the initiative, some of our boards of managers might make the preliminary arrangements, asking for an opportunity to have the subject presented.

We give Miss Foley's article as an excellent model for such appeals. It is published as a leaflet by the Children's Memorial Hospital, Chicago.

NURSING AS A PROFESSION FOR COLLEGE WOMEN

BY EDNA L. FOLEY, B. L. SMITH, 1901

Supervising Nurse, Chicago Tuberculosis Institute

AFTER college what? So many and such various employments are opening their doors to women now, that your choice is a large one. One may be anything from a strike-breaker to a learned Don, though the first takes a socialistic temperament, and the last takes many years of study. One may teach or go into a library school, take up domestic science, or enter a settlement. There is no lack of things to do; perhaps that is the reason why nursing has been, heretofore, overlooked as a profession for college graduates. Not only overlooked, but rather looked at askance, as if the work of healing sick bodies and preventing more ill ones was interesting, "Oh, very," and endlessly self-sacrificing, but "hardly the work for a college woman."

Why not? A certain training school superintendent, a woman of international experience, says that college women are too unwilling to work, too anxious for long vacations, too dreamy and self-centred to be trusted in matters of life and death. Another says that they are "not strong enough." The college girl replies that the work is not interesting, that it is all drudgery, leading to nothing but reddened hands and aching feet. Now who is to be believed? There is a little truth in all

of these statements but one, and that is the college girl's mistaken idea that nursing is not interesting. It is the most live, fascinating, complex, and vitally interesting work that the world offers to women, and it is a field open only to women. Male nurses are misnomers, save in rare instances, and these only serve as exceptions to prove the rule. It is a work, too, so full of the joy of service that only those who have entered it realize what it means to them. To help save a human life, to assist at the birth of a new-born soul, to make the going out of a tired life easier, to get into close touch with the realities, the mysteries of life, to be able to help rather than to hinder at times like these, is more than sufficient recompense for hours of study and hard work.

And other opportunities in nursing work are unlimited. In the last few years, so many different lines have opened to nurses that the supply does not begin to equal the demand. School nursing, tuberculosis visiting nursing, social service and welfare work, children's nursing, and last, but not least, institutional nursing, all offer excellent positions with generous compensation to nurses. The desire for the "right woman in the right place" is sometimes so great that the nurse may usually arrange her own terms. Especially is this true in children's institutions. The medical profession and the public at large have been slow in recognizing the fact that nurses, as well as teachers, must receive special training if they are going to care for little children, but now children's institutions and hospital wards are clamoring for supervisors and head nurses, who have had this preparation. Every summer, floating hospitals, baby tents, municipal milk stations seek nurses who have had special work in infant feeding, to supervise their staffs of paid and volunteer workers, and the work offers wide opportunity for research and social investigation. In fact, so appalling have been the statistics collected by these workers in some of our large cities, that a conference of physicians, nurses, and social workers was called at New Haven last November, and delegates came even from Europe to discuss infant mortality, its cause, and its prevention. Not a little light was shed on these problems by the nurses who had done much of this investigating during their district work.

All hospitals now offer a broad three years' training to their pupil nurses, and it has been found best for both nurse and patient to give the first six months of this training to preliminary study and practice. Instructors and lecturers for this course are needed, but they must be nurses, for it has been demonstrated very often that nurses must teach nurses. And if these instructors have, besides their general training, a college education, they will be all the better prepared to give this

teaching the important place which, in the past, it has sometimes lacked.

Last but not least to be considered is the office of the superintendent of a training school. Her position is a peculiar one, and one of great responsibility. She directs personally, or through her assistants, the work of the nurses. She must see that they pass in turn through the various branches of the training: medical, surgical, orthopædic, etc.; that while they are receiving all that is due them, the patients are getting their share of her attention; that the nurses' home is not neglected, nor the home-life of the pupils overlooked. The nurses receive their theoretical and practical training, and sometimes their ethical as well, under her supervision. They spend three busy years in an atmosphere created largely by her influence, and this means everything to a young nurse who enters her work filled with zeal and enthusiasm and high ideals. If the superintendent is a woman of sound education, broad culture, and lofty purpose, nursing ethics are not overlooked, and these three years bear excellent fruit. But if she is a small woman with little previous training other than her hospital experience, the ethics of nursing receive scant consideration from her. The college trained superintendent would not so easily overlook this important instruction, and here again the public would gain, for the superintendent's influence and teaching extend far beyond the hospital walls, and the work of her graduates is her best encomium.

The three years' training required is a wise discipline, for nursing is an exacting and jealous science, not to be learned in a correspondence school, nor by listening to "first aid to the injured" lectures. All of the routine is as necessary to the patient's comfort and welfare as the engineer's vigilance is to the passenger's safety. A woman who undertakes to care for the sick, who accepts the trust imposed upon her by doctors and the public, must be willing to receive orders, to do some difficult things, and other unpleasant ones. But the goal is reached when an apparently hopeless case is "discharged cured," and the joy of the conqueror over an invincible foe is tasted for the first time. The drudgery of nursing is more of a myth than an actuality. Of course there are beds to be made, wards to be dusted, and bathrooms to be cleaned, but a well-made bed is a thing of beauty, and as long as the dust of the hospital ward and bathroom prove such fertile soil for bacteria of all descriptions, anything so important as dusting and disinfecting cannot be trusted to the ward-maid. There is no royal road to any work that really counts. Teaching, journalism, music, medicine, the arts and the crafts all demand close application if success is to be won. A teacher in a school for delinquent boys, a woman who stands foremost

in that work in the Middle West, once told me that she had got up early for a week and cleaned the floor of her school-room, because by some oversight no one had been provided to do it. The room was a large one, and the floor was white pine, but as she laughingly said, "the superintendent was away, the char-woman fell ill, and all the other servants were much too grand to be asked to do it. But I could not let the boys see that dirty floor daily, and then talk to them about personal cleanliness." Floor-scrubbing was not included in that teacher's training, but the willingness to do it when the emergency arose is one reason why that particular instructor had such marked success in her chosen field.

Besides just as the child leaves the kindergarten and enters the primary, so the nurse leaves this sort of work in her probation and advances to other, but she must realize its importance, and not consider it "infra dig" if she is to be entrusted with the care of human life and the training of younger nurses. The whole secret of the training lies in learning when, how, and why to do things; to do things in a given time, to keep her head in an emergency, to be, in short, a tower of strength in time of trouble. We consider nothing too good for the sick. We call in the best physicians, the most expensive specialists,—and the nurse. The doctors consult, advise, prescribe, and leave the house. On the nurse rests a tremendous responsibility; a life, very near and dear to us, is in her hands. Thanks to that very discipline and drudgery, which suddenly seems to have grown so small and petty, she is able to accept the responsibility; to keep the atmosphere of the sick-room cool and unruffled; to reassure the family; to placate the cook; and to wheedle the children into playing less noisily. We cease to worry, we forget the bad symptoms of the day before, the nurse has come and all will be well. That is as it should be with our ideal of a nurse. Unfortunately, we sometimes get a different stamp of a woman, but who is to blame—the hospital who accepted her for want of more promising applicants, the superintendent who trained her, or the indifference to the profession of the better educated women, who refuse to enter the work themselves, and so make it necessary to recruit many of our nurses from a certain class of unsocialized women, earnest and sincere, doubtless, but handicapped by their previous training, as well as by their inability to grasp essentials in their hospital course? Our work is what we make it, and to any college woman who enters nursing with the desire to forget herself in ministering to others, the training itself will be full of pleasant surprises, and the possibilities for big constructive work in the future, boundless.

THE JOURNAL AS AN EDUCATOR

Two classes of people are closely connected with the management of institutions in which nurses are being trained or from which they work as centres in the various philanthropies,—the nurses themselves, and the boards of directors under whom these enterprises are governed. Both bodies have the same aim, first, the best possible care of the sick; second, the efficient preparation for or application of that care.

It would add greatly to the harmonious working of such institutions if these bodies of women could appreciate each other's point of view. Often a superintendent of nurses finds her board of directors out of touch with her, not through lack of sympathy or interest, but through lack of understanding of nursing conditions. The supervising nurse of a visiting nurses' association meets the same blank wall of ignorance at times in those who direct her labors, and it seems almost hopeless to enlighten them.

We think nothing could so conduce to a better understanding as a thorough education in the theory of nursing problems such as is to be found in our JOURNAL pages. We have at times suggested to the presidents of various boards of managers that they subscribe to the JOURNAL for their own better enlightenment. That such seed is not sown in vain is shown by the following extract from a letter received recently at the editorial office: "It may interest you to know that a copy of the JOURNAL is subscribed for to be circulated among the ladies forming the training-school committee of the board of directors, and that I think it has done much to enlarge their outlook on nursing questions."

We would suggest to superintendents who are struggling with indifferent or unenlightened boards that they try some such plan as the above and await results.

THE MARYLAND CENTRAL DIRECTORY

THE central directory of the state association is now in working order, with headquarters in the Medical Library Building, with Eliza H. McLean, a graduate of the Massachusetts General, as registrar. It has had to face much opposition, not one of the school directories having given up its work to merge it in that of the state, but its founders believe that it is founded on right principles and they have faith in its success. That educational advantages do not always result in disinterested broad-mindedness has been proved sadly true many times in the history of the world.

The Bulletin of the Medical and Chirurgical Faculty of Maryland in commenting on the directory says:

“Formal notices have been sent out by the Maryland State Association of Graduate Nurses announcing the establishment of a central directory of nurses in the Medical Library Building. The association is to be congratulated upon having taken this step, as thereby a long-felt want in this city has been filled. At the present time, it is said, there are as many as twelve different registeries scattered throughout the city, a condition of affairs anything but conducive to system and orderliness.

“The establishment of the central directory is another indication of the steadily improving organization of the nursing profession along lines which have already proved so successful in medical organization. For a time it may be, there will be more or less opposition to the proposed plan from those who fear that their ‘local interests’ will be threatened, but in the end the wisdom and advantages of centralization must become evident to all. Not only will the central directory furnish graduate nurses, but as the work develops it will undertake to supply suitable caretakers as well. This part of the plan is sure to appeal to the medical profession, for the complaint is frequently heard that there are a large number of people who, while in need of intelligent nursing, are unable to pay the standard fees of the graduate nurse. It will therefore be a most acceptable innovation to have within easy reach a directory of non-graduate nurses or caretakers whose services will be within the reach of even people of very modest circumstances. The directory is in charge of a trained registrar, who will gladly co-operate with physicians in securing whatever nurse may be called for. The success of the new plan depends almost entirely upon the support of the medical profession. That this will be given, however, there can be little doubt, for the project is clearly for the convenience of both physicians and nurses, and, therefore, for the welfare of the public.”

THE PENNSYLVANIA BOARD'S OPEN MEETING

THE open meeting of the Pennsylvania Board, held in Pittsburgh on April 21, closes after this magazine has gone to press, so we cannot tell of its success, but the programme which was to be carried out is as follows: Afternoon session, for nurses, topics: “Are Nurses Over-trained? If so, in what Direction?” “In what Manner May a Knowledge of the Thoroughness of a Nurse's Preparation for the Work be Obtained by the Examiners?” “What are the Principal Defects in Our Training Schools?” “How May Registration be Improved upon?” “Before Examinations Begin, What Would You Consider a Just Cause for Refusing a Graduate Registration?” “What is Your Idea of Affiliation of Training Schools in Order to Broaden the Edu-

cation of the Pupil Nurse?" Evening session, for physicians, topics the same as those discussed in the afternoon.

We think this is one of the wisest actions taken by any state Board for putting its work on a firm basis. A great many of the troubles in this world arise through misunderstanding. People who are in opposition could often come to terms if they only knew each other's aims clearly. Much of the opposition to state registration has come from those who are ignorant of its real meaning. This was strikingly proved by the Illinois nurses in their two campaigns for their state law. In the first, they found the doctors of the whole state opposed to them. They opened their second contest by sending out a representative to speak to county and city medical societies, with the result that they had good medical support for their second bill. Nothing can dispel darkness but light, nothing can so dissipate prejudice as frank discussion. It is to be hoped that the Pittsburgh meeting will not only help the examiners in their work, but that its effects will be far-reaching in a better understanding by physicians and nurses of the registration work.

THE ARMY NURSING BILL

THE bill recently passed by Congress and signed by the President gives the army nurse corps a recognition it well deserves. It will be seen by the notice in the official department that the nurses' salaries are increased, and that length of service will add to the amount received. One pleasant feature of this is that nurses who are now members of the corps and those who have long been so will at once be benefited. Very often a change of this sort is planned for the benefit of future generations; these provisions go into effect at once.

We congratulate those army nurses who have given years of faithful service, and hope the improvements to be made in conditions, regulations, and salary will be the means of interesting good nurses in the army work and of keeping in the ranks those good ones who are now there.

THE ILLINOIS BOARD

IN commenting on Illinois registration in the March JOURNAL, we should have said "the Governor has failed to appoint a successor to Miss Wheeler," rather than "Governor Deneen has refused to appoint." We learn that the Board is not hampered by this, as according to Section I of the law each member holds office until her successor is duly appointed. The Board has already registered 1464 nurses, and has many applications on file. The training schools are now being visited by the secretary, who devotes her entire time to the work of the state Board. The

superintendents throughout the state have shown great willingness to meet the requirements, and have been of the greatest help in the preparation of the curriculum, which is not yet complete.

A NIGHTINGALE POSTCARD

THE Illinois nurses have been for more than a year earnestly engaged in raising funds for building a shack for the use of nurses who have contracted tuberculosis. It is to be located at some well-established sanatorium, and its benefits are not to be limited to Illinois nurses, but are for any nurse in the country who is in need of care. It is estimated that \$10,000 are necessary to put the project on a sound financial basis. Two thousand dollars have already been secured by gifts from nurses, and the remainder the Illinois nurses hope to raise by the sale of a beautiful postcard having on it a reproduction, in soft shades of brown, of a portrait etching of Florence Nightingale, done by Charles Keene. It is a most lovely youthful face and figure, a rose is in her hair, and her head is bent over a book. The card is being sold for five cents, and should make a threefold appeal to all nurses, as a thing of beauty to be enjoyed in itself, as a fitting souvenir of this jubilee year in nursing history, and as a means of helping a most worthy cause. The cards may be ordered in any number from the officers of the Illinois association, whose addresses are found in the official directory, and it is hoped they may be on sale during convention week.

THE WASHINGTON NURSES' COTTAGE

IN the meantime, nurses of the state of Washington have, by popular subscription among themselves, paid for and furnished a nurses' tuberculosis cottage, the amount needed being more modest than that aimed at by the Illinois nurses. They even have a surplus, and are agitating the question of what to do with it. The suggestion which comes naturally to the mind of an outsider is that this be kept for maintenance, as furnishings will wear out in time.

ALMSHOUSE NURSING

THE Illinois nurses have been taking active steps in the almshouse campaign through their connection with the Philanthropy Committee of the Illinois Federation of Women's Clubs. This is a committee of twelve, of which Ida M. Tice, R.N., is chairman, while Eva A. Mack, R.N., and Caroline Hedger, M.D., are members, Dr. Hedger being a graduate nurse as well as a physician. An appeal is being made to the secretaries of the county medical societies for better medical attendance

at the almshouses; census blanks for information regarding conditions are being distributed; two suggestions for better nursing service are made, first, that where there are visiting nurses, the nurse include the almshouse in her rounds; second, that training schools include almshouse nursing in their curricula, sending two nurses at a time for four weeks' residence. Last, it is recommended that religious services be instituted where none are provided. Where ministers are not to be had to do this, it is recommended that groups of laymen or women hold simple services on Sundays and at the time of death or burial.

WISCONSIN STATE ASSOCIATION

THE Wisconsin State Association is now fairly launched, its organization up to this time having been a temporary one. It has now elected its permanent officers, and is, we believe, incorporated. It begins by including the JOURNAL in its dues, the first state to lead the way, and has already sent a contribution to the JOURNAL Purchase Fund. It will hold monthly meetings for the present.

THE MAY CONVENTIONS

WE want to remind our readers once more of the great value of the meetings of the Superintendents' Society and of the Associated Alumnae to be held in New York City, May 16-20. We would especially urge those living in near-by states not to be unmindful of the advantages at their door, for attendance at these gatherings often means a new outlook and inspiration.

PELLAGRA—OBSERVATIONS OF THIS DISEASE AS FOUND IN THE PEORIA STATE HOSPITAL

BY MARY BIRD TALCOTT, R.N.

Graduate of the Illinois Training School, Chicago; Superintendent of Nurses,
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THE definition of this disease given by Sir Patrick Manson, M.D., in his book on "Tropical Diseases" reads as follows: "An epidemic disease of slow evolution, characterized by a complexity of nervous, gastric, and cutaneous symptoms, which make their first appearance during the spring months, and recur year after year at the same season, remitting more or less during the winter months. It is confined almost exclusively to field laborers, and the most distinctive features are (*a*) a remitting erythema of the exposed parts of the body, (*b*) marked emaciation, (*c*) profound melancholia alternating with mania."

When it is understood that the country people of Italy, where the disease is most prevalent, recognize seven distinct types of pellagra—(1) those that go mad, (2) those who are drawn to water, (3) those who go backwards, (4) those who are doubled up, (5) those who become giddy, (6) those who are always hungry, (7) those whose skin peels¹—the extreme variability of the symptoms and course of this disease may be assumed.

Before stating a few facts regarding my observations of pellagra, I am sure that a short history of this institution will be of interest. When the present Peoria State Hospital was built, its original purpose was to care for the incurable insane of Illinois; consequently, as can be readily understood, this hospital was formerly a dumping ground for the most undesirable, chronic demented from all the other institutions in the state, and also for the inmates of the almshouses throughout the state. During the year of 1904 six hundred of this deplorable class alone were admitted. This will, in a measure, explain why we have had so many more cases of pellagra in this hospital than in any other institution in Illinois. Also a very large majority of our patients are old men and women, the average age being forty-seven years. This, too, is another important factor, as pellagra is a disease peculiar to the middle aged.

¹ Sandwith's "Medical Diseases of Egypt," Part 1, 1905.

For several years it had been noticed that during the spring and summer months there were a large number of patients suffering from an erythema, due, it was thought, to exposure to the sun's rays. This hospital is built on the cottage plan, and each cottage is provided with ample verandas, so that it is possible to keep every patient on the shady side of the building during the whole of the day, and during the warm months it is customary to keep the patients out of doors every day that the weather will permit. We continued to find cases of excessive erythema with, in many instances, large bleb formations following. Nurses and attendants were cautioned over and over again in regard to this unfortunate condition, while in one or two instances dismissals were the result of alleged carelessness in this respect. Then, too, it was observed that during this season of the year there were many fatal cases of acute diarrhoea and enterocolitis. Many of these cases, it was also observed, showed skin lesions that were supposed to be sunburns. Each year extra precautions were observed in regard to the preparation and cooking of food, exclusion of flies, and all other sources of food contamination.

During the month of August, 1908, one of the staff physicians reported a case of what he suspected to be pellagra to the superintendent who immediately examined the patient and, to quote his words, "In one moment the scales of seven years fell from my eyes and I recognized the fact that we had had pellagra in this hospital for a number of years." Expert physicians from the Medical Department of the United States army, the Public Health and Marine-Hospital Service, and the State Board of Health were notified, and on examination these men confirmed the diagnosis. All patients in the hospital were thoroughly examined at once. The finding of about one hundred well-defined cases was the result. Our dietary was examined by these same physicians, and although corn products were given here as one of the staple articles of diet, they were not used to any greater extent than in all other institutions of this character, and the cause of the condition which prevailed here could not be attributed to that. But as a matter of fact scientific men have been for years investigating the etiology of the disease in Italy, where it prevails so extensively, with almost as many varying reasons for its cause as there are investigators. So we, too, thus far have been unable to throw any light upon the etiological factors of the disease as found in this hospital.

Whether pellagra is caused by an invasion of bacteria, or whether it is a toxic condition due to eating spoiled corn or its products, is a matter of speculation among the scientists who have studied the disease.

It is also uncertain whether it is a communicable disease, though most authorities agree that it is not directly so; and the conditions here would almost prove that theory, for the disease has never manifested itself among any of the nurses or attendants who have been caring for those who have been afflicted with it, but has been confined exclusively to the inmates, and among them it has been confined mostly to those who have been inmates of either an insane hospital or an almshouse for a long period of time. But even in this there are some exceptions of note, one of them being the case of the woman whose picture is shown, on whose arms there are well-defined lesions between the shoulders and elbows in addition to those of the forearms and hands. This woman had only been in this hospital nine months (she was admitted from her home on a farm) when the cutaneous symptoms were first observed. She was sent to the hospital ward where all the pellagrous cases were segregated and has since that time been of some assistance in helping the nurses care for her more unfortunate sisters. During this time she has had several acute exacerbations of her psychoses, but this condition has not been any more pronounced than it was before symptoms of pellagra were noticed. There were mouth symptoms of a mild character noted. The skin lesions cleared up in about twelve weeks, and she has been gradually gaining in weight since that time. She is still under daily observation and we are anxiously waiting to see if there will be a recurrence of these same lesions another season or whether the disease will manifest itself in a more severe type this year.

Some authorities suggest that it may be transmitted by bites of insects, but this has not been satisfactorily established. Other authorities state that it is a disease peculiar to the insane, and still others that insanity is one of the nervous manifestations of the disease in its terminal stage.

French's "Practice of Medicine" assigns "fermented or diseased maize or organisms growing on it" as the etiology of the disease, while Hare's "Practice of Medicine" (1909) divides the responsibility between alcohol and spoiled corn. In Wilcox's "Treatment of Disease" (1907) the disease is attributed to ptomaines from diseased corn or its products, with alcohol and malaria as predisposing causes. Stelwagon in "Diseases of the Skin" (1908) states that the disease has been found among people who have never eaten corn or its products, and emphasizes the importance of the sun's rays as a predisposing factor. Lombroso, who has devoted his life to the study of the disease in Italy, and upon whose observations the present conception of pellagra is largely based, contends that certain fungi which are found in maize



SHOWING ERRATIC COURSE OF THE DISEASE.
PATIENT SUFFERED NO INCONVENIENCE.



SHOWING SCALING EPIDERMIS AFTER ERYTHEMA AND VESICATION. NOTE ABSENCE OF ULCERATION OF NEWLY FORMED SKIN.

will, under some conditions, produce a toxin. These organisms may, with impunity, be injected into humans and animals, but when grown on a culture medium of cornmeal gruel develop toxins which, when injected into animals and men, give symptoms that are extremely variable but somewhat analogous to the symptoms of pellagra.

Of these symptoms there are many different types. In some the nervous symptoms predominate; in others, gastro-intestinal, cutaneous, ocular, while there is another form known as the acute typhoidal type. The secretary of the Illinois State Board of Health suggests, in the Monthly Bulletin of August, 1909, "If we add alcohol and sunlight to Radcliffe-Crocker's alliterative summary of the causal factors, *peasant life*, *poverty*, and *polenta* (a bread made from corn and used extensively among the peasant class of Italy), we should be as near to the truth, after all, as the more elaborate discussions of the subject have carried us."

Examinations of blood, urine, and fæces, with cultures from cases with stomatitis, and analyses of spinal fluids, also post-mortem examinations, have been extensively made in this hospital, with the hope that further field for scientific investigation might be discovered, but the problem remains unsolved as it has remained after many years of research by the scientific world.

Since last August there have been under observation and treatment in this hospital about ninety cases of pellagra among the women and seventy-five or eighty cases on the men's side. Of this number, about 50 per cent. of both men and women had the acute gastro-intestinal form, and only a very small proportion of those suffering from this type of the disease recovered, probably not more than five or six of the whole number affected. These patients had all the varying symptoms, though there were three or four of them who had no skin lesions. In many of these cases we have a history of one or more attacks of a milder type during previous seasons.

Anorexia with consequent loss in weight, malaise, depression of spirits, and vertigo are among the most prominent symptoms that first present themselves; followed later by small irregular patches of erythema, bright red in color, changing to a darker shade with petechia. The patient complains of intense itching and burning in the affected area. Bleb formation is extensive in many cases; some of these blebs are as large as the palm of the hand. Desquamation follows, and the epidermis peels off in large flakes.

The locality involved varies but most frequently begins with the dorsum of the hands and fingers, in some cases extending clear around the wrist, forming a complete girdle and showing involvement of the

palmar surfaces. The erythema may appear on the arms, around the neck, on the forehead, around the eyes, on the cheeks, or behind the ears, or on the feet and legs, and in one case an area extending the whole length of the spine was involved. One of the most striking of features noted is that sooner or later these lesions become perfectly symmetrical on both sides of the body. The line of demarcation is very distinct. After desquamation the skin is left a dark brownish color, rough and dry like parchment, hence the name pellagra, an Italian word meaning "rough skin."

In the milder cases these were all the symptoms developed, while in the more severe gastro-intestinal form there was a dreadful excoriation and sloughing of the external genitalia. Especially was this condition noticed among the women, about 20 per cent. of those suffering from this type of the disease showing this horrible condition; and I can assure my readers that in all my nursing career, both in this country and in the tropics, I have never seen any condition equal to that of patients suffering from this type of pellagra excepting, perhaps, those seen in the hospital for lepers in Manila, P. I. Among the men this condition was rare. I can only call to mind two or three where there was any involvement of the external genitalia.

Mouth symptoms showed themselves first in the tongue, which became denuded first about the edges, fiery red in color, rapidly spreading until the whole tongue, lips, and buccal mucous membrane were involved. The gums were spongy and inflamed, fine tremors of the tongue were often noted, and bleb formation and ulceration followed in a large per cent. of the cases. There was excessive salivation, so much so that in most cases towels were fastened about the neck, which required frequent changing to prevent the bed-clothing from becoming saturated with the saliva. The tongue often becomes swollen and stiff and it is with difficulty that it can be protruded far enough for inspection, or that the mouth can be opened enough to be kept properly cleansed, while it is almost impossible to induce the patient to take the necessary amount of nourishment owing to the extreme pain of deglutition.

Gastro-intestinal symptoms are vomiting and excessive diarrhoea with bloody stools. The temperature varies, but rarely goes higher than 102° F. during the acute attack, with morning and evening variations of from one to two degrees. This condition will continue several days, usually about eight or ten, then, as a rule, twenty-four or thirty-six hours before death occurs the temperature drops to 94° F. or 95° F., the patient in algid collapse. In many cases picking at the bed-clothes and subsultus tendinum is noted during the whole period of attack.



MAN, SHOWING ŒDEMA AS WELL AS ERYTHEMA.



MAN, SHOWING MASTOID AND TEMPORAL INVOLVEMENT AS WELL AS OF HANDS.

Patients complain of excessive thirst, and this condition is especially noticed for two or three days prior to death, the patient begging for water continually. There is, of course, extreme emaciation, and exhaustion is rapid and pronounced. In some cases, where the attack is more chronic in form, these symptoms are not as acute; the patient suffering from this form runs a subnormal temperature for weeks, and in some instances this condition has prevailed for several months; the emaciation and exhaustion are of course more gradual.

Blood findings are of great interest and point to the fact that severe anæmia is always present, the blood counts showing that almost invariably there is some reduction in the red corpuscles, the hæmoglobin estimation is usually low; there have been no changes of importance noted in the white corpuscles except in one or two instances.

In the nervous symptoms profound depression and increased dejection and stupidity are prominent manifestations in most cases, though there may be occasional outbreaks of maniacal excitement. There are alterations of both sensation and motility, and in most instances the reflexes are exaggerated.

The prophylaxis and treatment, like the etiology, is indefinite and unsatisfactory. For the skin lesions, dressings of balsam of Peru, oxide of zinc ointment, and boracic acid powder are used; others were treated with tincture of iodine and peroxide of hydrogen. Where the external genitalia were involved, hot applications of saturated solutions of boric acid, normal salt solution and aluminum acetate, 10 per cent., were found very beneficial. In some of the cases where only the skin was involved, no treatment was used, and the results were quite as satisfactory. In fact, in several instances one hand would be treated and the other left exposed without treatment; the result, in instances, showing in favor of the exposed hand. Internally Lombroso recommends preparations of arsenic, and this drug has been used in this hospital more than any other one remedy—Fowler's solution, one minim t.i.d., increasing one minim each day until the maximum dose was given and then decreasing each day until the original quantity was reached, or arsenous acid, $\frac{1}{10}$ gr. hypodermically once daily, and thyroid extract, one to two grs. t.i.d. Atoxyl in maximum doses has been given in some cases twice weekly and in others once daily. Charcoal radium was also used in some instances. Perhaps the most satisfactory results were obtained in this hospital from the treatment of phosphorus, $\frac{1}{60}$ gr. t.i.d. A special serum therapy has been attempted, but so far without any satisfactory results. High rectal enemata of normal salt solution proved very beneficial and soothing and were used in a majority of the

cases. In others, enemata of quinine hydrochloride, 2 per cent., was prescribed.

The diet was strictly fluid in all the gastro-intestinal cases; in the other types, general diet with the elimination of all corn products was allowed. Some of the cases were treated with an exclusive diet of buttermilk, others were given an antiscorbutic diet, and in still others all liquids were allowed. Water was given freely in all cases.

Perhaps a few clinical notes, taken from the history of what was to me the most fascinating as well as the saddest case, will be of interest. This woman had been an inmate of a hospital for the insane for about twenty years and her psychosis was considered hopeless. Her family never expected to see her any better and had given up visiting her or writing to inquire about her condition except at long intervals. She had been a woman of education and refinement and was unmarried. She was considered by every one to be a hopeless dement, untidy and stupid, paying no attention even to the calls of nature. About a year ago the attendant in charge of the ward where she was confined noticed that her mental condition was improving and began to spend a great deal of time on her re-education, until finally she reached the point where she wrote a rational letter to her people. This was the first intimation they had of her improved condition. They took the first available opportunity to visit her, pleased beyond expression at the restoration of her mental faculties. When they reached here they declared that when her letter was received it was like hearing from one believed to be dead, and they could scarcely realize the possibility of such a change. Her mental condition gradually grew better and better, while her manners, though a little childish, with her naturally sweet disposition made her charming and she was the pet of every one who came in contact with her. She was an inveterate reader and had free access to the hospital library. Her people came to visit her frequently, taking her down town to hotels to dinner and occasionally to the theatre, until it was finally decided she was well enough to go home and live a normal life once more.

Two days before her nephew was to come for her, I met her on the walk coming from the laundry, where she had been to do some little extra work for herself in preparation for her departure. As she stood chatting with me and telling me of her anticipated joy in seeing her old friends once more, I noticed that the joints of her fingers and knuckles of the hand were very red, but when I examined them more closely she laughed and said she had had her hands in very hot starch and that they did not feel sore at all. I hoped that she was right, but I was

worried about it and reported the matter to the physician in charge. Two days later her nephew came for her, and as her hands still remained in the same condition, he was advised to leave her here for a few weeks longer and await results. The following clinical notes will tell her sad story, surely one of the many tragedies in life's mysteries as we find them depicted in hospitals of this character.

She was kept under close observation and received treatment in the ward for several weeks. Her mental condition remained unchanged. Physically, she grew gradually weaker, losing in weight, skin lesions of the hands extended. Later an erythema of the nose developed, spreading to resemble the shape of a butterfly. It continued to extend until the forehead and cheeks were involved. There were also excoriations around the anus. On November 19, 1909, she walked to the hospital ward, a distance of two or three blocks, and was put to bed. The following is quoted from the notes of the nurse who had charge of her case:

"November 11, 1909. Lips and mouth very red, tongue red and swollen, with ulcers underneath. Face bright red, neck brown, hands dark red and rough to the wrists, with areas between both thumbs and first finger that have open sores on them. Appetite poor and bowels loose, stools brown in color and very offensive.

"November 20. Small ulcers of mouth, tongue, and gums. Patient resting. Excoriations have extended from the anus to the vulva, vagina red, some pus. Face very red.

"November 21. Very little change in mouth and tongue, excessive salivation. Patient restless.

"November 22. Patient quiet and resting, no other change noted.

"November 23. Weight, seventy-five and one-fourth pounds. Face red and dry in places.

"November 24. Stools less frequent, mouth looks better.

"November 25. Mouth worse, patient complains of extreme pain and burning in mouth, begs for water constantly. Tongue heavy and moved with difficulty.

"November 26. Patient very weak, excoriation of genitalia worse. Mental condition slightly cloudy.

"November 27. Face very red, chin dry and rough, showing a tendency to fissure.

"November 28. Fingers and palms of both hands very red (this condition is rare), complains of burning and pain. Excoriations bleeding.

"November 29. No change in patient's condition.

"November 30. Patient too weak to be weighed. Has had invol-

untary evacuations of bowels for the first time to-day. Face, especially about the mouth and chin, dry and fissured. Discharge from mouth of mucus streaked with blood. Hands very dark purplish, palmar surfaces affected, only a small area of normal skin about one-half inch in diameter on radial side. Feet cold and cyanotic. Knees and elbows red. No change in the excoriation of genitalia. Patient complains of no pain, only feels extremely weak and sleepy. Was conscious until death, which occurred at six-thirty P.M."

The first five days in bed the temperature was 100° F. to 101° F. After that it began to decline and three days prior to death it was subnormal. Two hours before death the temperature was normal. Pulse ranged from eighty to one hundred, and the respiration from eighteen to twenty-four.

And so, just as the dark cloud that had enveloped her in its mist for so many long years was beginning to lift, and she began to catch bright glimpses of the sun that is surely shining behind every cloud, she passed on, beyond all clouds, into the great and mysterious Unknown.

THE SPECIALLY TRAINED OBSTETRIC NURSE—HER ADVANTAGES AND FIELD*

By HERBERT MARION STOWE, M.D.

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THE ability to employ all the arts and gifts of knowledge in the accomplishment of any endeavor is the sole province of the specialist. To be master of the situation in moments of great crises is his special privilege and duty. In the field of medicine, the specialist has to deal with conditions of great complexity and intricacy, and upon his decision and judgment rests the welfare of mankind. At the present time, the almost universal desire for knowledge, not only general but particular, for experimentation and for investigation have made the specialist a necessity and his field of action is based upon a firm and lasting foundation.

Probably in no other field of medical activity is so much required

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from a nurse as in the practice of obstetrics. The work is hard and the responsibilities are onerous. It can be stated without reserve that the outcome in many cases, regarding both life and health, is due to the painstaking and diligent care given by the obstetric nurse.

No young woman should start her training unless she possesses certain qualifications that will enable her to carry on the work to a successful issue. It is of great importance that she be in excellent general health, for the arduous duties and physical exertion employed in the work offer no inducement to the physically ill-equipped woman. Another essential is a good education. The specially trained nurse will naturally come in contact with the better class of people, women of education and good breeding, and it will be impossible for her to dovetail herself into the domestic life of the patient unless she is mentally and intellectually equipped. To harmonize with the extra-medical relations of the lying-in woman constitutes a valuable asset in the obstetric nurse.

Further, the nurse must be a graduate of a modern hospital doing medical and surgical work. Here she lays the groundwork of her future career and becomes acquainted with the various branches of the work. At this time, she acquires a certain technic in the treatment and handling of patients that clings to her and becomes a part of her in after life. It is unnecessary for a woman to declare that she is trained if opportunity is afforded of watching her work for a few minutes. The well-trained nurse shows by her every action and movement the subconscious evidence of her training. The fourth qualification for the specially trained obstetric nurse is her preference for lying-in work. During her training in the general hospital, she becomes acquainted with the various specialties in medicine. At the time of her graduation she is in a position to select that work which appeals directly to her. If she has a preference for lying-in work, she must enter a lying-in hospital where training in this special line is afforded. Unfortunately, lying-in hospitals of the highest grade are scarce in this country and the nurse is especially fortunate who is able to complete her training in this manner. A term of service of from three to six months should be required. During this time, the nurse studies the physiology of labor and the puerperium, the care of the child and mother, and makes a practical acquaintance with all the obstetric procedures. At the time of her graduation she is fully prepared to manage a normal delivery, to recognize many complications, and to treat them properly. She enters upon her chosen work with high ideals, and by holding fast to the primal principles she is instrumental in raising the standard of obstetric work wherever she goes.

The advantages of the specially trained obstetric nurse to the accoucheur are at once manifest. Her wholesome and well-grounded fear of puerperal infection compels her to pay special attention to the sterilization of the various articles required at the time of delivery. During pregnancy, she visits the patient, gives her advice regarding the infant's clothes, abdominal binders, etc., and allays the well-meaning but all too frequently disastrous gossip of the inquisitive neighbors. If she is familiar with the technic of the medical attendant, the case can be conducted with a minimum number of technical errors. Her ability to count fetal heart tones during the first stage of labor is a valuable asset, as by this means she is able to watch the child's condition when the physician is absent from the case. A timely summons, when the fetal heart is too rapid or too slow or when meconium is escaping in head labors, will often save the child's life.

It may happen in multiparous patients that the child is born before the physician arrives at the scene. Her special training is now of great assistance, as it devolves upon her to deliver the foetus. Having learned the modern methods employed to protect the perineum from laceration, to treat asphyxia neonatorum, with or without the tracheal catheter, she proceeds to treat the conditions scientifically and intelligently. If the labor has been rapid, the danger of postpartum hemorrhage is always present, and the nurse must now give her undivided attention to the mother. If the bleeding is severe, she must express the placenta by Credé's method, and by uterine massage arrest the hemorrhage until the physician arrives.

It is a pleasant duty to testify to the efficient work of several obstetric nurses associated with me in my private work in which these emergencies occurred. The results were extremely satisfactory. It may be claimed that these duties do not belong to a nurse but in the absence of the physician the responsibility falls upon her, and at such times the health and life of two patients are determined by her work. The advantages of the specially trained obstetric nurse over the generally trained nurse under these conditions are overwhelming. Many women are torn in delivery, or the perineum has been cut intentionally by the physician to avoid injury to the sphincter ani. After the repair of these injuries, it falls to the nurse to procure primary healing. No perineorrhaphy, however skilfully done, will yield good results unless the proper after-care is given to the patient. It is a matter of equal difficulty and importance to keep the field of operation free from infection, and to the skilful obstetric nurse great credit is due when primary union has been obtained under unfavorable conditions.

If both physician and nurse are specially trained, a normal or operative labor can be conducted without infection or other untoward complication not only in the hospital but in the private home as well. Indeed, I question at times whether it is better to deliver a patient in a general hospital or at her private home. In the hospital, both internes and nurses are intimately associated with purulent and septic material, and operations are carried on in rooms just vacated by septic patients. I believe that every lying-in woman is endangered to a certain extent from infection resident in the general hospital. In the home, such sources of infection can be eliminated. The towels, sheets, and other materials are either new or at least a stranger to pus and infection. The presence of the specially trained obstetric nurse fills the gap between the hospital and home adequately. These objections are untenable when speaking of a lying-in hospital where no septic cases are admitted or where they are thoroughly isolated and managed by a separate staff of assistants and separate apparatus.

Unfortunately, many mothers know little or nothing regarding the care of the young infant, and the obstetric nurse as early as the end of the first week instructs the mother how to care for her child. Details of treatment and management are carefully explained, and a certain degree of proficiency is attained before the nurse leaves the case. There is usually a marked difference in this regard between the obstetric and the general nurse. In the latter case, the child frequently becomes sick a few days after the nurse leaves. The greater rarity of this condition when a trained obstetric nurse has been employed is noticeable. The institution of regular habits in the child regarding nursing, sleeping, and the natural functions during the first weeks of life is supervised by the nurse and the mother is duly impressed with their importance. The nurse often becomes a quasi dictionary and she should be able to explain the many points to the anxious and careful mother.

When associated with a physician who is not over-careful in his technic, the duties of the obstetric nurse are greatly increased. The one great danger is sepsis. Reliance is now placed more upon antiseptic than on aseptic precautions. Many of the older graduates in medicine do not appreciate nor desire the elaborate preparations now deemed necessary. In such cases the tact and forbearance of the nurse may be put severely to the test. The specially trained nurse, however, will not for a moment relax her vigilance nor depart in the slightest degree from the principles and practice of modern obstetrics. By her example and precept she will win the confidence of the medical attendant and unconsciously give him many valuable ideas and technical details that were entirely unknown to him. Many physicians by studying the work of

trained nurses will profit in great measure thereby. The physician is prone to become lax in his methods of antisepsis and only the nurse, by her tact and faithfulness, can enable him to comply with the essential requirements and obtain creditable results.

The specially trained obstetric nurse will not take cases of the infectious diseases in children, especially scarlet fever, diphtheria, or erysipelas. She avoids all well-developed cases of puerperal septicæmia when she is engaged for confinements in the near future. As far as possible she refuses pus cases of all kinds. By this means she is never a carrier of infection from one case to another. On the other hand, the general nurse, who accepts cases of every description, is at times a real source of danger despite her faithful efforts of prophylaxis.

The field of the specially trained obstetric nurse will correspond with that of the obstetric specialist. The work of the two go hand in hand. As her advantages become better known to the people at large, she will be in greater demand. Women in the higher classes of society are deteriorating physically as compared with those of former generations, and obstetric operations are more commonly indicated. Even labor itself is becoming a pathologic process. The women of the present day are living under great tension and their nervous equilibrium is very unstable. Their health is dependent upon lesser abnormalities and minor disturbances than their sisters of the working classes. They are more easily and permanently affected by hemorrhage, laceration, and other complications, and extreme care is necessary on the part of both medical attendant and nurse to guard them from the avenues that lead to disease and ill health.

The newer operative era that is associated with the attempt to save mother and child wherever possible, by an avoidance of prematurity and pelvic deformity, calls for active co-operation from the obstetric nurse; in fact, many cases demand the highest skill and experience of both trained accoucheur and obstetric nurse, and should one fail to respond to the call the mother or her child will suffer the penalty of the blame. Witness, for example, the difficulty which the average trained nurse will meet with in caring for a delicate premature infant. Except in specially trained hands, these children die in nearly all instances.

To the obstetrician, the value of the specially trained obstetric nurse is evident. Without her help and assistance he is handicapped and unable to do his best work. When associated with her he is ready for any emergency and is confident of obtaining creditable results. The specially trained obstetric nurse has come to stay, and no one is more willing to do her honor and to testify to her efficiency than the trained medical man.

A COLLEGE EPIDEMIC

By LINNA H. DENNY

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ATHENS COLLEGE is a flourishing college for girls, under control of the North Alabama Methodist Conference. It is located in the northern part of the state, and is noted for its healthfulness, and for the high type of culture and Christian character that is here developed.

On Friday morning, October 14, there was not a sick girl in the college. Friday evening a girl was reported as having a chill. I took her temperature as usual and found it 103° , removed her to the infirmary, and the college physician ordered calomel, gr. iii, followed by quinine, gr. iv, antikamnia, gr. iii, at bedtime. Saturday morning the temperature was 101° and two more girls were in the infirmary with the same temperature.

On Sunday morning the girls still had fever, and several more were complaining of headache. All day Sunday they came to me with violent pain either in the head, back of neck, legs, or arms. There was no intestinal disturbance of the newcomers, but the first patients began to be extremely nauseated. By Monday morning, about thirty girls had reported ill, and the doctor thought we were in for an epidemic of la grippe. By Tuesday evening, however, the first girls showed no sign of improvement, and as more were coming down a consultation of the local physicians was held. They decided that the symptoms indicated la grippe, ptomaine poisoning, with a possibility of typhoid fever.

Typhoid was considered least of all on account of the health record of the school—not a case of fever in over forty years—and of the violence of the infection. We are taught that the onset of typhoid fever is usually accompanied by lassitude, a gradual rise in temperature until the height is reached, then a retrogression in a similar curve. These symptoms were not so, and were entirely atypical.

By Wednesday, five days from the date of the first case, about fifty girls were infected, all suffering muscular pain in various parts of the body, particularly in the back of the neck. The noon train brought Dr. Wm. Litterer from Nashville. He is in charge of the Pasteur Institute of Tennessee and is one of the best bacteriologists in the south. He took specimens of blood, urine, and excreta from the sick girls, also samples of water, butter, and milk, making a special visit to, and taking

specimens from, the dairyman and family. In his telegram on Thursday his results had been negative. More specimens were sent—making thirty-seven blood tests in all—and by Saturday evening he pronounced the disease typhoid fever.

This came as a dreadful shock, but it was something to be dealing with a known enemy. Up to that time one had the feeling that the school had been smitten with a mysterious plague, so violent were the symptoms. Nurses were called from Nashville, Tenn., and Birmingham, Ala., women who had been dealing with typhoid for years, and who did not recognize it in this form.

On Sunday morning the president dismissed the school, and every girl who could travel was sent home. More nurses were sent for, two dormitory floors were taken for the sick, and we began to plan for the siege.

The memory of that first week is like a terrifying dream, and yet the noble conduct of every individual in the college softens the picture. Some gave every moment of their spare time to nursing, others helped get off telephone messages and telegrams. Still others took girls to trains, arranging for baggage and transportation.

We were fortunate in securing the best of help. Dr. W. J. Hagan, the college physician, is one of the best known and most beloved practitioners in the county. He was assisted by Dr. E. B. Hardin and Dr. B. E. Pettus of Athens. Most of our nurses, of whom we had twelve, were women of judgment and experience, and from reputable training schools. The college met the nursing expenses, except for those whose parents desired a special nurse.

The usual routine of typhoid treatment was carried on,—but little medication, salol, a little calomel, and in extreme cases of restlessness, minute doses of morphine. No alcoholic stimulation—strychnia for weak heart action. The diet was confined to albumen and buttermilk—no meat broths until convalescence was established. Occasionally hot malted milk was found grateful and digestible.

Hot turpentine enemata and stupes were used for tympany; tubbing, sponging, and iced enemata for temperature. The two floors had each a good bath-tub to which smaller patients could be carried. We secured a portable tub for the larger girls.

Parents and relatives began to pour in. About ten patients were removed to nearby cities on cots, but the majority were considered too sick to move. Out of a student body of two hundred and eighteen there were attacked fifty-nine students and eight members of the faculty, making in all sixty-seven cases. Of this number four were lost, two at the college and two in their homes.

Annie N., aged 15, from the first showed symptoms of throat trouble. She ran a persistent rectal temperature of from 104° to 105°. The parotid glands became infected, and she died November 6 from profound toxæmia.

Nina W., aged 16, just previous to the attack had had severe middle-ear trouble, and the disease spent its force there. She passed from this life, November 5.

Louise M., aged 17, was removed from the college with a temperature of 104.6° against the advice of the attending physician. She developed pneumonia, and succumbed November 5.

Miss Florence B., a dearly beloved member of the faculty, was, without warning, seized with hemorrhage about 10 A.M. on Friday, November 5. Her temperature was running only about 101° to 103°, and when I saw her at 9 A.M. she said she was feeling unusually well. All the usual remedies were applied. Nothing checked the hemorrhage, and in two hours she had passed away.

It is strange to recall that the three students who died had each lost her mother. It could not but comfort us a little to feel that each dear girl was returning to a mother's loving presence.

Of those left in the college, one patient had the complication of jaundice; one, acute cystitis; one, phlebitis; seven, hemorrhage.

Several ran extremely high temperatures, which even tubs and enemas did not seem to affect. There was but little delirium.

After a girl's temperature had been normal two weeks she was allowed to be removed to her home. The last patient left December 18, sixty-five days from the date of the first case.

While the nurses were struggling with the detail of typhoid work, the doctors and trustees were pursuing all lines of investigation as to the cause. The state bacteriologist as well as men high in the profession came from surrounding cities. The water used in the college comes from pure freestone springs, supplied by city water-works. Examination showed this to be free from typhoid bacilli. The premises of the college were in a sanitary condition. The plumbing was gone over—no trouble there. The milk and butter made a good showing. The fact that only boarding pupils were affected, and that the health of the town was as usual, pointed to infection in the college itself. The conclusion was finally reached that the disease was brought to the college by a walking typhoid, John Townsend, a negro dining-room waiter. This man had occasionally complained of headache for three weeks previous to the outbreak. Being a strong and vigorous man, he did not readily succumb, though he was having malarial chills. He was last at the college

about ten days previous to the outbreak, and in the end developed a malignant type of typhoid fever. He washed dishes as part of his duties and the warm water was an especially good medium for typhoid cultures.

While the epidemic was at its height, news came from nine other southern schools that they were either closed or badly crippled on account of epidemics. So peculiar and so unusual was this condition that our president corresponded with the heads of those schools with a view to finding a common cause. There was none. One traced its epidemic to ptomaine poisoning from boneless ham; another developed typhoid from a well; others had various causes. It seems to have been a typhoid year all over the south.

After the last patient had left, December 18, there came the gigantic task of housecleaning and fumigating. The rooms number about one hundred. Each was fumigated, cleaned, and those infected were recalcimined and repainted. About fifteen mattresses were burned, and the rest, with the rugs, were sunned for several days. To fumigate, we used three processes. In those rooms in which there had been no sick, we hung sheets on which was poured solution formaldehyde 3vi. In the class rooms, we used the formaldehyde burner, while in the infected dormitories we hung the formaldehyde sheets, set burners in the halls, and to be very safe used permanganate of potash with formaldehyde—forming a combustion whose fumes were deadly.

School was to resume January 3 and various opinions were held as to how many girls would return. The heads of the college put the number between fifty and sixty. One outsider predicted that it would not open at all “unless those Methodists would place their daughters upon a very altar of sacrifice.”

How our hearts swelled with pride and love at the loyalty of those dear girls. The college opened with an enrollment of one hundred and twenty-five and for several weeks convalescent girls came in. Those who returned were of a high type of character, so that the vital strength of the school is conserved in the present student body.

It is now nearly three months since the re-opening. The college has resumed its usual routine, and so far there has been no sickness except some slight ailment that would keep a girl in the infirmary for a day or two. Our calamity seems to have strengthened us along all lines and bound us more closely together.

As we look out over the happy faces in morning chapel a prayer goes up that we may ever be spared a similar trial, and our hearts are raised in thankfulness that so many are with us here, blossoming into full young womanhood.

VOMITING—CLINICAL OBSERVATIONS AND TREATMENT *

By ALMA E. SPURR

Class of 1910, Butler Hospital, Providence, R. I.

AMONG the indications of a disordered digestion vomiting particularly demands our attention as nurses, because it is not a clinical symptom like the taking of temperature, but a complex indication having great diagnostic importance to the physician and also clinical usefulness in carrying out proper treatment. It may be defined as the symptom common to many disorders, an expulsion of the contents of the stomach either by local or centric irritation.

We will consider first the muscular mechanism of vomiting: a sudden deep inspiration, a subsequent immediate closure of the glottis, and a contraction of the diaphragm. At the same moment the cardiac orifice of the stomach is opened by the contraction of the longitudinal muscular fibres, then follows a violent expiratory contraction of the abdominal muscles and diaphragm by which the contents of the stomach are forced outward. These acts are controlled and regulated by a nerve-centre in the medulla oblongata which is closely related with the respiratory centre. On this account the act of respiration is influenced preceding vomiting; particularly, as seen in children, a temporary increased respiration frequently precedes the act. Impulses are sent out from the vomiting centre to the diaphragm by the phrenic nerves and to the stomach and œsophagus by the pneumogastric, and to the abdominal muscles by the intercostal nerves.

The symptoms are: a disagreeable sensation in the digestive tract; soon nausea with some degree of salivation appears, accompanied by chilliness, a pale countenance, and a feeble pulse, quick and irregular in character. As vomiting is induced the face becomes flushed, the circulation is more vigorous though still weak, and then there is a glow on the surface. After vomiting the patient is very languid, has a disposition to sleep which is interrupted for some time by a slight occasional sickness or retching which is an inefficient act of vomiting, the stomach being partially filled, the skin is cool and moist with more or less perspiration, and the pulse which continues weak is slower and fuller.

* Read before the Nurses' Educational Club of Butler Hospital.

Let us turn our attention to the causes of vomiting. It may be of interest to refer in passing to the views held in times past as to the cause of vomiting, as noted in the text-books of the times. Briefly, up to the days of bacteriology and the scientific study of the excretory functions, vomiting was believed to be due to humors circulating in the blood or phlegms accumulating in the stomach, and treatment was directed to the expulsion of offending products. Even in the early part of the nineteenth century (1820), the giving of emetics was general for all sorts of diseases, even for severe hemorrhages and for disturbances of functions, as in pregnancy.

Causes of vomiting may be centric, due to direct stimulation of the vomiting centre by any toxic or irritating agent in the blood, or it may be a reflex act from disease or stomach irritation. Foreign poisons in the circulation, as an acute alcoholism, the hypodermic use of apomorphia, and the inhalation of chloroform, ether, or sewer gas act upon the vomiting centre. Toxæmic vomiting may also be caused by poisons of non-bacterial origin circulating in the blood, as in anæmia; diabetes, heralding the approach of the diabetic coma; biliousness. Other varieties of centric vomiting are due to bacterial toxins in the circulation, as in the onset of scarlet fever, and with varying frequency in erysipelas, measles, acute pneumonia, malarial fever, and mumps. Vomiting taking place later in such diseases is more apt to be due to uræmia. Toxins from these various forms circulating in the blood flow through the system, reach the vomiting centre in the medulla, and impulses for relief are sent at once to excite the muscles concerned in the act of vomiting.

Reflex vomiting may be due to irritation or emotional disturbance coming from the interior or surface of the brain, also in some forms of nervous trouble. Irritations arise in the cerebrum and are transferred at once to the vomiting centre in the medulla. This act of vomiting is frequently without nausea or epigastric pain. It may be caused by cerebral tumor or abscess and in intercranial hemorrhages or thrombus, particularly hemorrhages. Vomiting is a common and sometimes the first symptom of meningitis. Anæmia of the brain may be responsible for nausea and vomiting; as in the vomiting from the loss of blood, syncope, shock, collapse, also concussion and compression of the brain. Great emotional or sensory disturbances sufficiently irritating to carry impulses to the brain will cause vomiting; such as disgusting sights, tastes, or odor. Vomiting in the case of hysteria may be ascribed to an unusual expulsion of nervous energy affecting the brain centre. In whooping-cough and the irritating cough of tuber-

culosis vomiting may occur. A sudden attack of vomiting, abdominal pain, and in some cases watery diarrhoea, and jaundice, are symptoms during the course of exophthalmic goitre. Severe vomiting is a prominent symptom of acute or subacute gastritis, from putrefying, indigestible, or irritating food, or from overloading the stomach. Vomiting, often blood streaked or "coffee ground," is generally present in gastric cases, and cirrhosis during the middle and latter stages of the disease. Vomiting due to dilation of the stomach may occur several hours after a meal or at intervals of several days, and in this case the amount of vomited material may be very large and contain food which has been eaten many hours previous. Vomiting due to gastric ulcer is apt to occur two hours after eating and is preceded by pain which usually begins immediately after eating and increases in intensity until vomiting takes place, after which pain subsides.

Vomiting is one of the most common symptoms at the onset of appendicitis. In every case of vomiting associated with abdominal pain, the possible existence of hernia ought to be considered.

In disturbances of the liver, kidneys, and in pregnancy, we often note vomiting. Some people will vomit after severe exertion, although the general health may be good. This is due to the peculiar susceptibility of nervous energy.

Nausea is a symptom accompanying vomiting, and usually precedes the act. With nausea we ordinarily have a reflexly active increased flow from the buccal glands, increased respiration, and increased flow of saliva, all of which occur in a flash. In some cases where irritation comes from the brain to the vomiting centre, as in meningitis, and sometimes following ether which is a central irritant, we do not have nausea; the muscles act more quickly, press the stomach walls and expel the contents. When nausea is not present we have what is known as projectile vomiting.

CLINICAL OBSERVATIONS.—Every nurse should have in mind for purposes of record the following essential data concerning the symptom of vomiting, viz.: (a) Has any article, medicinal or dietetic, been ingested which is capable of causing nausea? When was food taken last? What kind of food and its time relation to vomiting? Is it due to medicines given or taken recently? What was the medicine? Has it been recently furnished? (b) Has the previous health been good? Is it an event in chronic diseases or a primary symptom of an acute malady? If there is pain in the abdomen or head, is it relieved by vomiting? (c) Is there fever or evidence of collapse? (d) Is there obstinate constipation or jaundice? (e) What abnormalities are found in the urine and blood?

If there is pain in the abdomen it may be due to some intestinal obstruction, and the development of this symptom depends upon the location of the obstruction. If the pain is in the upper part of the small intestine we have a rapid appearance of vomiting, often of a violent and expulsive nature; whereas with an obstruction in the large intestine, vomiting comes on tardily, following tympanitis. Also one should note any distention of the abdomen, local tenderness, and the various hernias. The urine should be noted: is its odor or color abnormal? is the amount lessened? or has it a sediment? The condition of the circulation should be noted, as vomiting is exhausting. Abnormal temperature accompanied by vomiting often marks the onset of some infectious diseases.

It is an important point in postoperative cases to observe carefully and accurately concerning regurgitation and vomiting, as sometimes a nurse will chart as vomiting that which is only regurgitation. Regurgitation would be the expelling of a certain amount of food without nausea and with only the slightest effort, while vomiting occurring with some contractile effort is usually preceded by nausea. Ante-operative preparation often prevents the appearance of vomiting.

“There is a condition known as acute dilatation of the stomach in which one of the prominent symptoms is vomiting. This vomiting is more in the nature of regurgitation and I think can best be described in the words of some of the patients, as an ‘unsatisfactory vomiting.’ It is usually accompanied with considerable nausea and also abdominal distention, especially in the epigastric region. The nurse should be constantly on the alert for this condition, as a continuance of it usually leads to death of patient, whereas the recognizing of vomiting of this condition and its association with the epigastric distention should cause the nurse at once to report to the doctor, and early washing out of the stomach usually leads to prompt recovery. This vomiting of acute dilatation of the stomach usually occurs on the second or third day following abdominal operations and continues, as a rule, until remedial agents are employed. It is the constant regurgitation of small amounts from a suddenly dilated stomach, and it is very necessary that the nurse should realize the difference between this type of vomiting and the ordinary postanæsthetic vomiting.”

CHARACTER OF THE VOMITUS.—The nurse should note its amount, then the character of the material vomited, including the consistency, odor, and color of the liquid, also the manner in which it is ejected; whether or not there is undigested food in the vomitus, and if so how much, showing the relative time of taking food to vomiting, as the

farther remote from taking food the more complete would digestion be. If vomiting comes from an empty stomach, it is watery and contains considerable mucus, usually indicating gastric catarrh; but if nausea has existed some time previous to vomiting, a watery portion may have been swallowed. The general color of vomitus is amber. The vomiting of small amounts of blood may be from a minute hemorrhage. If the vomited blood is bright red and fluid it has remained but a short time in the stomach, but if it has been in the stomach for a sufficient length of time to be partially digested by the gastric juice it has the appearance of coffee grounds; it may be in the form of clots, reddish or brown, indicating a stay of medium duration. In noting the presence of blood in the vomitus one should make sure that the blood has not been swallowed. This may have been swallowed unconsciously, as in bleeding from the mouth, nose, or pharynx, or it may have been swallowed for the purpose of deception by hysterical patients, or malingerers.

Persistent vomiting may cause a reverse peristalsis of the duodenum, with a consequent passage of bile in the stomach and its appearance in the vomitus. Green vomitus indicates the presence of bile. It is seen after taking anæsthetics and when there is any disorder of the liver. It is not important unless long continued, except in diseases of the liver where it points to some serious obstruction of the bile-duct. Vomiting of grass-green bile, occurring early and sometimes with slight effort with each of the acts of vomiting, is a symptom of diagnostic value in peritonitis, and commonly precedes fecal vomiting in intestinal obstructions.

The appearance of fecal matter in the vomitus is recognized by odor as well as character. It indicates serious obstruction in the intestinal tract and should be reported immediately.

Pus in the vomitus is rather rare. If present it is usually indicative of rupture or abscess of a near-by organ into the stomach, or it may be from some inflammation of the gastric walls. The appearance of parasites in vomitus is very rare.

TREATMENT FOR VOMITING.—Reference has been made to the views held in times past as to the causes of vomiting. It may be of interest to hear somewhat of ancient forms of treatment. Two quotations may be noted from "A Supplement to the New London Dispensary," printed in 1688: (a) prescription for an emetic; (b) prescription for the prevention of vomiting.

(a) "Acetum vomitorium. \mathcal{R} Bark of the roots of thapsia, oz. iv; roots of fresh asarum dried, oz. ii; carthamus seeds hulled, oz. i; sharp cinnamon, oz. fs; mix, bruise and infuse in the sharpest wine vinegar, lb. iii. Digest in a glass well stopped for a month, stirring it often,

then put it into an ordinary still; to which, fix a leaden head, distill in ashes, with a gentle fire, to dryness, so have you distilled vinegar, impregnated with the lead, and very sweet, all of which (not casting away the phlegm) you may keep for use. It is a sweet and gentle vomit, purging all humors, whether hot or cold, without pain. It is given in Quotidians and Tertians, both true and bastard; it takes away weakness of the stomach and loathing, arising from superfluous and sharp humors. Dose from 1 to 3 oz. To delicate persons and ladies you may give it mixed with syrup of vinegar."

(b) "Syrup of mint. *R* Mint, fresh gathered, bruise and beat it well in a marble mortar with so much cinnamon-water as may serve to extract all its juice by expression. This expressed juice in a sufficient quantity, depurate in a warm Balneo; and rejecting all the feces; the pure juice is to be boiled into a perfect syrup, to every pound of which you may add oil of cinnamon, Arcanum of man's blood, of each one dram; but if these be wanting take the inflammable spirit of mint, made of its fermented juice, and perfectly rectified from all its phlegm, four ounces, which adding to the aforesaid perfect syrup; thou hast the simple syrup of mint, of great and admirable virtues. It comforts and strengthens a cold stomach, helps digestion, excites and multiplies the natural heat thereof by its Balsamick property; it cleanses and purifies the blood, strengthens the liver and removes all its vices; it is powerful against vomiting and the continual and frequent use thereof retards old age; for it corrects and amends the faults of all the concoctions. Dose from $\frac{1}{2}$ oz. to 1 oz."

IMMEDIATE CARE OF THE PATIENT DURING AND AFTER THE ACT OF VOMITING.—Give perfect freedom in respiration by removing all respiratory restraint, supporting the patient's head during the act. As soon as vomiting is over, place the patient in a comfortable, relaxed position, always in the horizontal to favor the heart. With a patient coming out of ether, who must never be left alone, one should not rely wholly on turning the head to one side, as this does not favor the glottis in respiration; the body must be in an easy position for the patient to expel contents of the stomach. The position of the tongue in relation to the closure of the glottis is very important so that the vomitus will not get into the larynx. The proper position of the tongue can best be obtained, when the patient is unconscious, by supporting the lower jaw and impinging with the fingers upon the angle of the mandible on both sides with pressure upward and forward. After the act of vomiting, it is the nurse's duty to see that her patient has physical and mental rest and rest particularly for the stomach. It is sometimes necessary to feed by nutritive enemata in order to get this rest.

Ordinarily medicine should not be given unless prescribed. To allay vomiting give perfect rest and restore normal action of the stomach, neutralize the excessive acidity of stomach contents, and allay the irritability of the nervous system. If the reaction of the vomitus is acid, harmless antacids, such as lime water and milk of magnesia, may be given to neutralize the acidity in the stomach. The sipping of hot water or bits of ice will sometimes allay vomiting. Sometimes counter-irritants over the stomach and the epigastric region are very beneficial. Compresses or counterirritants produce a mild irritation of the skin, thereby directly dilating the surface capillaries and indirectly modifying the process of inflammation in parts beneath.

After a nurse has used all permissible means to allay vomiting, prescribed medicines are resorted to. Bismuth subnitrate or cerium oxalate would be prescribed to protect the inflamed mucous surface from irritation. Carbolic acid would be used to allay the irritability of the terminal sensory fibres. Cocaine should be used very little because of the danger of the habit. In vomiting of pregnancy and other forms of excessive emesis it is of great service by depressing the gastric sensory nerves and thereby decreasing the irritability of the stomach.

EMETICS.—When it becomes necessary to empty the stomach completely, as in the case of poisoning, emetics are resorted to. Emetics are divided into two classes—local and systemic. Local emetics act by irritating the end organs of the gastric and œsophageal nerves and by reflex action of the vomiting centre. They include alum, mustard, salt, sulphates of zinc, copper, and mercury, and tepid water in quantity. The action of local emetics does not continue long and is not accompanied by much depression.

The systemic emetics act by direct irritation of the vomiting centre in the medulla, acting through the medium of circulation wherever produced. Apomorphia, derived from the action of hydrochloric acid on morphia, is a systemic emetic; dose by stomach, $\frac{1}{8}$ – $\frac{1}{6}$ gr.; hypodermically, $\frac{1}{16}$ gr. A fresh solution is important. Apomorphia, though depressing to the heart, is the best emetic when swallowing is difficult. Ipecac is another systemic emetic, dose as an emetic, $\frac{1}{8}$ – $\frac{1}{4}$ gr. In the stomach it irritates the mucous membrane and nerve terminations and causes prompt emesis. When absorbed in the blood it excites the vomiting centre in the medulla and produces the same results.

In a case of emergency where a patient has taken an overdose of morphia or other toxic alkaloid, give tepid water in large quantities, a single dose of ipecac or apomorphia, or mustard and water while awaiting medical aid.

SUGGESTIONS FOR WHAT IS REQUIRED IN BUILDING A NURSES' HOME

By AGNES S. WARD, R.N.

Superintendent Metropolitan Training School, Blackwell's Island, New York

(Continued from page 478)

Dining-Room.—The dining-room should be an especially bright, attractive room, and large enough for any contemplated increase.

Round tables are much more attractive than the oblong ones, but take up more space; this, too, must be borne in mind in the original plans. These tables would also require additional service.

Kitchen Department.—The kitchen should be arranged with a view to saving steps, and also so located that there will be no unnecessary passing through. The work table of iron should have racks over it on which all cooking utensils are hung; the table supplied with drawers and lower shelf, thus making everything conveniently within reach.

The scullery should be reached by a separate door, thus avoiding the carrying of vegetables, etc., through the kitchen. This room should be equipped with running water, sink, table, butcher's bench and block.

The refrigerator could be placed in this room and should be arranged so that it can be filled from the outside. If it is not possible to have an outside door, it may be so arranged that it can be filled through a window.

Off this room might be located the store room, where staple groceries are kept. This should be fitted up with shelves—the lower one being a sufficient distance from the ground to allow of barrels being placed under it.

The serving-room should be located between the kitchen and dining-room, if the kitchen is on the first floor, and should be equipped with sinks and running water, a dish washer for washing and sterilizing dishes, steam table, dressers, tea and coffee urns. There should be two doors between this room and the dining-room, opening in different directions.

A lavatory and toilet should be located conveniently near for those who work in the kitchen, and provision made for the care of brooms, pails, mops, etc.

Basement.—If the basement be excavated, the kitchen department with store room would probably be located here.



DINING-ROOM.

If the question of ground were not an important one it would be better to have the kitchen on the first floor, as suggested, and excavate only a portion of the basement.

Trunk Room.—A trunk room fitted with racks ought to be located directly beside the elevator. These racks ought to be so arranged that the nurses can get at their trunks without a great deal of trouble. A movable platform and steps on rollers would make this possible. Avoid having steam pipes or machinery in this room.

A room for assorting soiled linen should also be located near the elevator.

Rooms for coal and wood should be provided.

Vegetable Room.—In planning the vegetable room, good ventilation is most important, and steam pipes which cannot be turned off must be avoided.

Toilet and Lavatory for Male Employees.—If the male employees sleep in the home their quarters would be located in the basement, but even though they do not sleep in the basement, lavatory and toilet facilities must be arranged.

In addition to these rooms a large store room should be provided either in the basement or attic. This room would be used for storing screens, awnings, lawn settees, etc. It would also be used for drying articles washed by nurses, kitchen towels, and any laundry work done by employees.

Employees' Quarters.—Accommodations for help are sometimes neglected altogether, and they not infrequently are given most unsuitable quarters. Good accommodations for the employees are certainly a good investment, and will materially affect the class of help and the service which will be rendered. The attic floor will give light, airy rooms, and will take them entirely away from the work of the day.

A single room with a bath, for the matron, or perhaps a double suite and bath, which the clerk may share, should be provided. These may be arranged in a separate wing, or at one end of the hall somewhat apart from the others.

There should be single rooms for the seamstress, or others doing special work, and double rooms for other employees, also a comfortable sitting-room, where they may rest, read, or visit when off duty.

A suitable number of bath-tubs, lavatory and toilet facilities, also a wash-tub where they can do a certain amount of laundry work, should be provided.

Gymnasium and Swimming Pool.—A gymnasium and swimming pool where light exercises could be taken would be quite a factor in

the general health of the nurses. The swimming pool would be on the ground floor, and a portion of a wing in the attic could be used for the gymnasium.

Furnishing.—We would suggest plain, substantial furniture, which will always be in good style and will look well even after good hard wear. For the bedrooms perhaps oak, with plain good hardware, and an iron bedstead.

The kind of furniture could be varied in the general living rooms.

It is economy to buy good rugs, even though it may necessitate buying only a few at a time.

Steam Heating, Painting, etc.—Steam connections ought to be made early, and steam turned on for several weeks before the building is occupied. If the walls are painted before opening the building, a certain amount of heat ought to be turned on during the time of painting, if in the winter months, otherwise the damp walls may practically ruin the paint.

When the shade of paint has been decided on, always have a sample made that you can compare with the work when finished. If you have only the sample on the wall, and that is covered, should the work be unsatisfactory you have no proof that it is not according to sample.

We would suggest soft, restful tints for all bedrooms, and deeper tints for the general living rooms. A nice variety is obtained by papering the suites, but for general living rooms or bedrooms it would not be economical and perhaps not sanitary.

Light.—Where it is necessary to get permission from the Department of Lighting to install a certain number and certain kinds of lighting chandeliers, this should be taken into consideration early, or there may be delay about getting light. The lights leading to fire escapes and the stair lights should be on individual switches, so that the other lights may be turned off without affecting them.

Fire Equipment.—Protection against fire is important in every home, and especially in a public or large home. We should see that the best fire equipment is installed, that the fire escapes are wide enough with a sufficiently high hand rail, so there will be little danger of panic in case of fire.

Floors.—The floors should not be finished until practically all the other work is done; if they are finished too early, they are likely to be considerably defaced by the various workmen. A hard floor, perhaps, maple, with a good finish should always be insisted upon.

Vacuum Cleaning System.—While there is considerable initial ex-

pense in installing the vacuum cleaning system, it reduces the amount of labor required to keep the home in order, and where there are heavy rugs and heavy carpet runners in the halls, it is quite important that it be given consideration.

Location and Grounds.—If there be choice of a location, the pleasantest one should always be chosen. The grounds should be as spacious as possible, with an abundance of lawn settees, tennis courts, croquet grounds, and good roads or walks where the nurses can exercise even in inclement weather.

After spending nine or ten hours a day in the wards over sick patients, the out-of-door life is most essential, and anything which will attract the nurse out of doors will be a good investment, and will pay in the better health and the better work of the nurses.

ONE FACTOR IN THE HOSPITAL LIFE OF THE PRIVATE PATIENT *

BY E. MACD. STANTON, M.D.

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THE object in these few remarks is to bring before you for discussion one factor concerning the hospital life of the private patient.

I believe that it is important, because it has to do with keeping the patients contented while in the hospital, and if we can accomplish this they will remain until well, and the hospital not only prospers financially, but earns a good reputation, thus making it less difficult to induce other patients to go there. As a business proposition this is of utmost importance to the hospital, and to the physicians and surgeons a real necessity.

Some time ago my attention was called to this particular phase of hospital management by noticing very decided differences in the attitude of private room patients in each of several institutions. In the case of two hospitals in particular, this difference was most marked.

In one of these, the private room patients remained until they were thoroughly convalescent, a period seldom less than three weeks, and in drainage cases often several weeks longer. During all this time the patients were contented, they seldom asked to go home before they

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were really able, and when they did ask to go, it was usually because their finances would not permit a longer stay. Outside private nurses were rarely employed, although pupil nurses were used as specials for a few days after operation whenever it was deemed necessary, and by this means alone the hospital received a sufficient revenue to pay the entire expenses of the training school. Each patient left this institution with pleasant remembrances of his or her stay, and the entire surrounding community was educated to a frame of mind where it took no arguing on the part of the attending physician or surgeon to induce his patient to go to the hospital.

In sharp contrast to the above, I observed the attitude of the private room patients in another hospital. Here at the end of eight or ten days the patients seemed to be attacked by a peculiar form of hospitalism. They fairly begged to go home and fretted and worried until they were allowed to go. Worse still, they afterward cherished most unpleasant impressions of their hospital sojourn, so that it was difficult or impossible to get other members of the family or friends to go to the hospital even though they urgently needed hospital treatment. Furthermore, in this latter hospital the outside private nurse was almost a necessity, not from a technical medical view-point, but largely as a means of pacifying the restless patient, for which purpose she was far more useful at the end of the first week than during the first few days of the postoperative care, when the patients were sometimes really sick enough to require a special nurse.

I am sure that I have not exaggerated the differences in the mental attitude of the patients in the two hospitals. The conditions were so strikingly different and of such great practical importance, that I spent a considerable time trying to analyze the factors which were responsible for the difference noted.

Among the factors considered were: 1. The class of patients. Here no marked difference could be found, for the run of patients was about the same in both hospitals, except that the successful hospital cared for more farmers and farmers' wives—a class of patients peculiarly hard to hold contented in a hospital. Therefore it could not possibly be due to a difference in the class of patients treated in the two institutions.

2. Nature of disease and class of operative work done. No essential difference between the two institutions could be made out on that score.

3. Postoperative treatment. This was practically the same in the two institutions.

4. Building construction. This was all in favor of the hospital which could not keep its patients, for this was a newer and better-built institution, with far better light and surroundings.

5. Diet. No essential difference could be made out on this score.

6. Nursing. I was sure that here could be found the real explanation, but upon closer analysis I found the purely technical side of the nursing to be about the same in both institutions. Doctors' orders were if anything a little more rigidly carried out in the less pleasing institution. In this institution, the beds were faultlessly made, with seldom a wrinkle, and the rooms always looked as though they were being used that day for the very first time. Then, too, a large proportion of the private patients had special outside nurses. On the other hand, in the more pleasing institution, the pupil nurses were worked fully a third harder and many little frills of bed making and the like were often somewhat neglected. I finally had to abandon the idea that a difference in nursing might be the really important factor.

It was not until I happened to visit one of the newest and most expensive of the metropolitan hospitals, that I obtained my first clue as to what I believe to have been the chief factor in explaining the difference between these two hospitals.

I spent an hour or two in the internes' quarters of this perfectly modern hospital and these quarters were truly faultless from a technical stand-point. White enamelled walls, white enamelled dressers, white enamelled mirrors, bedsteads, tables, everything. At first I was pleased with the effect, but in about an hour, I remember thinking that I would like to run out and get a bucket of red paint and relieve the institutional atmosphere by a few of my own crude attempts at decorating. It was some time before I realized that the private rooms of the less pleasing hospital were but little less perfect in their hospital furnishings than the metropolitan hospital which had cost several millions. However, after an absence of some weeks, I returned again to the more pleasing hospital, especially with the idea of analyzing the conditions in it. I was a little disappointed in the linen, and the beds; and even the nurses did not seem to have such perfect discipline, but throughout the entire place there was a studied absence of all these unlettered sign boards, which spell HOSPITAL to the lay mind.

The iron or brass bedstead was the only bit of purely hospital furniture in the private room. The dresser, the wash-stand, the chairs, the tray table were all plain and hygienic, but they were in no wise different from those the patients were accustomed to in their own

homes. The walls were tinted in pleasing colors. There were pictures on the walls, and rugs on the floor and often curtains at the windows.

With the exception of the nurse and the occasional visit of the doctor, there was absolutely nothing to suggest hospital to the patient. Here the delicate and nervous woman, who had always had more or less dread of the very name hospital, soon forgot that she was in a hospital at all, or at least the only fixed impression was that conveyed to her by the kind nurse who ministered to her wants.

In the other hospital, on the contrary, every time the patient opened her eyes she saw a white enamelled dresser, a white enamelled clothes press, some equally white chairs, a white screen, bare walls and bare floors, all of which at once suggested the distasteful little thought *hospital*, re-enforced by the sight of a white gowned nurse. Now, two, or three, or four such impressions do not amount to so very much, but like the little drops of water which are allowed to fall at regular intervals upon the victim of that most effective form of torture of Phillipine fame, the repeated suggestion *hospital* which the patient receives every time she opens her eyes becomes at the end of the week almost unbearable. No amount of good nursing suffices to overcome this form of hospitalism, and sooner or later the patient goes home with a fixed impression that a hospital is an unbearable sort of place.

It is only fair to say that the conditions have now been largely corrected in the institution with the overabundance of hospital furniture.

I have only tried to emphasize one little factor in the making of a hospital, but it is very closely related to one of the most fundamental of facts, namely, that a patient is not simply a pathological entity, but on the contrary a delicately constituted human being, with fancies and whims, likes and dislikes, all of which are far more real to the patient than any of the details of asepsis or the technical points in nursing; and the successful hospital, like the successful physician, must plan to care for the personal feelings of the patient as well as to treat the disease.

SUGGESTIONS FOR CONVENTION VISITORS

By MARY E. THORNTON, R.N.

A good view of the New York sky line is obtained by taking the West 23d Street Pennsylvania ferry to Jersey City, from the landing there, a "Brooklyn Annex," and from the Brooklyn dock, a ferry to the Battery. At night, when the harbor is full of lighted craft, this is very picturesque, but in daylight one is able to see Ellis Island, with

its Immigrant Station and its new hospital for sick babies conducted by the government, Staten Island, where is located the Sailor's Snug Harbor, a group of fine buildings serving as a home for disabled and old seamen, Bedloe's Island, with its Statue of Liberty (boats from the Battery hourly), Governor's Island of which the great Van Twiller was the original purchaser, now the station of the Commander of the Department of the East. Brooklyn and Manhattan bridges are seen from the ferry boat, as is the picturesque building which was originally a fort, then Castle Garden, the scene of Jenny Lind's debut, later an immigrant station, and finally an Aquarium.

From the Battery, working one's way up town, the Custom House faces Bowling Green, the latter still surrounded by the iron fence erected in 1771 and mutilated in 1776.

Fraunces' Tavern, the scene of Washington's farewell to his officers, the property of the Sons of the Revolution, is on the corner of Broad and Pearl Streets. The Washington Building, No. 1 Broadway, was also Washington's headquarters for a time. The Produce Exchange is on the east side of Bowling Green.

Trinity Church, on Broadway at the head of Wall Street, has beautiful bronze doors, an interesting reredos, and in the church-yard are the graves of Alexander Hamilton, Robert Fulton, James Lawrence, and many other distinguished Americans.

The Stock Exchange, near the corner of Broad and Wall, is an imposing building with an interesting pediment.

The United States Sub-Treasury, corner of Wall and Nassau, is on the site of the Federal Building, from the balcony of which Washington took the oath of office as first President of the United States. The United States Assay Office is adjoining. The Singer building is on the corner of Broadway and Cedar. In St. Paul's Church, corner of Broadway and Vesey, pews occupied by Washington and Governor Clinton are shown, and in this church are interred the remains of General Montgomery.

City Hall, in City Hall Park, is architecturally beautiful; it was on this "Parade Ground" that the Declaration of Independence was read July 9, 1776.

Macmonnies' statue of Nathan Hale is here, but the place of his execution was Artillery Park, in the Kip's Bay region, about 41st Street and the East River. The Court House, with its columns and portico, the Hall of Records, Brooklyn Bridge, and the "Tombs" as the city prison is called, are all close at hand. The Bowery, where may be seen nearly every type, extends over about twelve blocks and

bordering on it are the "quarters" of many of the nationalities preparing for the "Melting Pot."

From Washington Memorial Arch at Fifth Avenue and 8th Street an omnibus may be taken. One route is up Fifth Avenue, across 57th Street, and up Riverside Drive; the other, continuously up Fifth Avenue, and passing the Metropolitan Museum of Art.

About Madison Square are grouped the "Flatiron" building, the Metropolitan, with its campanile and friendly-faced clock, the Appellate Court House, the Madison Square Presbyterian Church showing Byzantine influence, the Hoffman House with its delightful reproduction of Venetian architecture, some office buildings of plain substantial outlines, and among all these St. Gauden's Diana surmounting a tower borrowed from Seville; a spot *par excellence* in which to study the struggle for art and architecture in the American. At 110th Street and Amsterdam Avenue is another group: the Academy of Design, in embryo, the Woman's Hospital, the Cathedral of St. John the Divine, to be completed some forty years hence, St. Luke's Hospital on 113th Street, Columbia University with George Gray Barnard's Pan, on the green, Barnard College, Teachers' College, the Theological Seminary, and Grant's Tomb, at 124th Street.

At 137th Street the group of buildings of the College of the City of New York, taken as a whole, are interesting. The University of New York with its Hall of Fame is worth a visit if one can take the time to go to University Heights. Van Cortland Manor House, in Van Cortland Park, just at the end of the Broadway Subway, is interesting to the student of colonial times, as is the Jumel Mansion on 161st Street and St. Nicholas Avenue. It was from the Jumel house, which was then being used by Washington as headquarters, that Nathan Hale went forth to get information within the British lines. Not far from this house with its memories of Mary Philipse, Washington, Aaron Burr, Mme. Jumel, is "The Grange," near 142d Street and Convent Avenue, whence Hamilton went to meet Aaron Burr in mortal combat.

The *American Art News*, published weekly, gives "A Calendar of New York Exhibitions." Under this heading will be found a list of galleries, stating the special objects dealt in. In the railway terminals, subway and elevated stations, will be found a framed poster picturing the Brooklyn Institute, the Metropolitan Museum of Art, the American Museum of Natural History, the Zoölogical Park, and the Botanical Gardens, giving rules governing admission, location, etc.; these flank a map showing location and means of transit.

In the Brooklyn Institute Museum may be seen the famous Cyrus

J. Lawrence collection of Barye bronzes with a few paintings and sketches by Barye. At the Metropolitan Museum, New York is paying its tardy tribute to Whistler. The exhibition will remain open during May. In the new wing, just opened, one may study, in chronological order, the development of the decorative arts from the twelfth to the nineteenth centuries. The best way to see this exhibit is to pass through the main hall to the corridor at the north end of the hall, thence to the left.

The Buscoreale frescoes, the only collection of Roman frescoes, with the exception of the one in Naples, are newly arranged and here may be seen the wonderful bronze Eros found at Buscoreale. (The museum has a restaurant for the convenience of visitors.)

The most interesting restaurant in New York may be seen in the American Museum of Natural History: a reproduction in fac-simile of one of the most famous ruins in Mexico, illustrative of temple building methods, remarkable stone laying, etc., as practised centuries before the Spanish occupation.

The planetarium at the museum will be specially interesting just before and just after May 18, as at that time Halley's comet will be most prominent and nearest the earth. A sky map, giving the exact locations for the month is posted in the public libraries. Lenox library will have in May an exhibition of the choicest of rare books and prints acquired by the New York Public Library during the year.

The American Water Color Society's annual exhibition in the Fine Arts Building, 215 West 57th Street closes May 22. Scattered about the city are many works of art: St. Gauden's statue of Sherman in the Plaza, his Farragut in Madison Square, the Hunt Memorial, by French, opposite Lenox Library, Macmonnies' Quadriga in bronze surmounting the Soldiers' and Sailors' Arch at the entrance to Prospect Park. Among the churches, nearly every one of them having some bit of marble or bronze or painting, may be mentioned the Church of the Ascension, containing La Farge's Ascension, the Church of St. Paul the Apostle with two windows and two pictures by La Farge, and the work of William Laurel Harris, including his wonderful Crucifixion.

The four bridges over the East River are the largest in the world, the cantilever over Blackwell's Island being the largest cantilever ever constructed. About the beauty and symmetry of the Washington and High Bridges over the Harlem there can be no dissenting voice.

The committee on the Prevention of Tuberculosis has a free traveling tuberculosis exhibition that is placed about in crowded thoroughfares. The address of the exhibit for any given time may be obtained at the office of the society, 105 East 22d Street.

The Department of Health, 55th Street and Sixth Avenue, has many interesting experiments under way. Those in the Department of Child Hygiene, including the work of the nurses in the schools, which in itself is limitless, and the work of the tuberculosis clinics will prove of great interest to nurses. Beginning with the well-organized clinic under Miss Graham's supervision, located in the Health Department building, and the work of the visiting nurses under Miss Greggs' supervision, it is interesting to visit the Red Cross camp on the roof of the Vanderbilt Clinic building, where there is a teacher from the Department of Education. Some of the old ferry-boats are used as tuberculosis camps, among these the "Middletown," at the foot of East 91st Street, has its school for the children as well as providing for adults, and on the "Southfield," at the foot of East 26th Street, the children receive special attention. Their little gardens, placed here through the suggestion of Mrs. Henry Parsons, are no inconsiderable factor in rendering the open-air cure attractive and effective.

Sea Breeze at Coney Island, if one has the time, is another object lesson as to what may be done in teaching and treating in the open. In the way of preventive work the new school-room for anæmic and poorly nourished children, located at the corner of Mott and Elizabeth Streets, is a stride in the right direction.

The depots of the New York Milk Committee, addresses to be obtained from the committee's office, 105 East 22d Street, are interesting centres to visit. They are in charge of graduate nurses. Milk, whole or modified, is dispensed during the morning, and in the afternoon visits to the homes are made by the nurse, in order to observe conditions and give instructions in hygiene. Once a week the mother brings the baby to the conference, where the physician, a volunteer worker, goes over the baby thoroughly, changes the formula if necessary, and advises the mother as to her own and the baby's general care.

The only night court in the world may be visited at the corner of 9th Street and Sixth Avenue. The Children's Court, while not peculiar to New York, is well worth studying; in connection with this court is to be established an institution in conjunction with the clinic already under way, where the delinquent suffering from physical defects may be treated and kept under observation.

The children's School Farm in DeWitt Clinton Park was established by Mrs. Henry Parsons eight years ago. Children from far and near become owners of these farms for the season. Some are brought each day by the omnibus of the Crippled Children's Driving Fund.

NURSING IN MISSION STATIONS



[This department has a two-fold purpose,—to keep nurses in this country in touch with the work of missionary nurses, and to put missionary nurses in touch with each other, for an interchange of ideas, questions, and suggestions. All nurses engaged in mission work, of every creed and country, are invited to contribute to its columns.]

MISS M. E. MACDONNELL, superintendent of the Neyoor Hospital, India, has sent a photograph, showing her field of work, to her sister, Mrs. Saville, who kindly offers it to the JOURNAL. Miss MacDonnell writes: "Come with me and peep at our wards in Southern India. First you are struck with the bareness: no chairs, pictures or lockers, only the chart over each bed, two small tables for surgical dressings, but nothing more. Spacious airy rooms with one bed between each two windows, each bed linked on to the wall at the top so that the patients may not be able to move them about. The beds are made of iron frames with rope braided across from side to side and end to end, on top of which is laid a grass mat and a striped native-made rug, red and white, a small pillow made of red muslin, and a red muslin quilt. We have a few red blankets, and red flannel jackets for pneumonia or fever cases. . . . With each patient there will be, as a rule, all the other members of the family, anywhere from two to twelve, or even more, according to the caste and position of the patient. Each family would like to keep all its household belongings, including chickens, etc., under the bed, and cook on the back verandah. We supply a separate kitchen for each self-supporting patient."

The photograph shows the Prayer Hall and Dispensary at the new Home for Leper Women at Neyoor. Dr. Davies and the medical evangelist stand in the door, Miss MacDonnell is at one side of the portrait, which is of Mrs. Pease, an Irish lady who built the leper home and supports all the patients. "The four men standing on the right are all such nice intelligent Christian men, and three were mission agents, but are now lepers. The wife and child of the man with the white beard sits in the middle of the women."

FROM Wushishi, North Nigeria, West Africa, Minnie A. Witt writes of the pleasure she has had in a subscription to the JOURNAL, sent her as a Christmas gift by a friend in this country, and adds: "You will realize how much one can appreciate news in a far land. We have

met a few English government nurses here, but otherwise we at our station are the only ones in a large district. The native women are not considered capable of taking any important responsibility, so are not considered worth an education. Naturally the natives have the same feeling toward us until they learn better. They also have a superstitious faith in charms which their priests sell to them. Many will suffer untold pain rather than come to us for treatment, but after learning how their friends and neighbors have been helped they gladly come.

"Our new dispensary will soon be finished, when we hope to be able to do more real work. Until then, I am studying the Hausa language in order to help the patients spiritually as well as physically. I am able to carry on an ordinary conversation after eight months' study, but I find I make many mistakes. There are many things for which we can find no Hausa words, so our teachers use English or Arabic words, as we of the English tongue have appropriated many Latin, French, and other words to express our thoughts."

The Alaskan Churchman for February contains accounts of the various Christmas celebrations in that far-away land which warm the heart. A paragraph also tells of the serious illness of Mrs. Jewett (formerly Ida Thompson), a nurse, and of the long four days' journey she was obliged to make in great pain, with the thermometer 50 degrees below zero, before she reached a place where she could be operated on for appendicitis. Fortunately for her friends, and for the work she is doing there, she is reported as recovering.

The little map of Alaska which appears on the inside cover of each issue of this periodical is a great help to the reader in understanding the location of the different stations and in gaining some idea of the distances to be traversed by the workers.

THOSE of our readers who are particularly interested in work among lepers will like to read a short article on "Prevention for Children of Lepers" in *Woman's Work* for April.

MISSIONARY nurses who are at home on furlough should make a special effort to attend the Associated Alumnæ meetings in New York in May. "Missionary Nursing" will have a place on the programme of Wednesday afternoon, May 19, and it would be delightful if all missionary nurses present would gather near the platform after the session to meet each other and exchange informal greetings. This session will be held in Mendelssohn Hall, 113 West 40th Street, beginning at 2 P.M.



PRAYER HALL AND DISPENSARY AT NEW HOME FOR LEPER WOMEN, NEYOOR, INDIA.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK, R.N.

MISS STEWART'S WORK

THE coming gathering of nurses in May, in New York, will be shadowed by the great losses the nursing profession at large has sustained in the death of Miss Isla Stewart, and, nearer at home, in the break in health which has befallen Miss Ross, for twenty years so efficient and devoted. We must hope that she may regain her strength once more—knowing well that it might not have been lost had not a perfectly unselfish willingness to carry an ever heavier load of work and responsibility carried her beyond her strength. Miss Stewart, too, had she been willing to spare herself, might have lived to the old age that is considered normal, but she preferred to die at her post.

Our last letter from her was a most warm-hearted reply to the invitation to come to this spring's meeting; it was impossible; nothing would give her more pleasure than to come, and especially because she was a Nightingale nurse and would so enjoy the commemoration planned for. We will treasure this last letter from her, and will recall the visit she made us in 1901 at the time of the Buffalo congress.

Miss Stewart had filled a number of positions of voluntary service that were of great importance and exacted much of her. She founded the League of St. Bartholomew's Nurses and was its president until it was firmly organized; then she withdrew in the belief that it did not tend to a democratic self-government for the matron and superintendent of nurses to hold this position continuously, and that the nurses should take it. She has long been president of the Matron's Council of Great Britain and Ireland, corresponding to our Society of Superintendents of Training Schools, and every one knows that such a position means an immense amount of work. She was president of the Society for the State Registration of Trained Nurses, and this has meant not only constant service but a great deal of active warfare and an unceasing vigilance. She was a member of the nursing board of Queen Alexandra's Imperial Military Nursing Service, and held the position of the principal matron in the City of London Hospital No. 1 of the Territorial Force Nursing Service.

She held honorary positions in many societies and in different countries, and had been decorated by the *Assistance Publique* of Paris with a special medal for her great services to nursing. It was Miss Stewart who made room for the pupils from this department to take work in an English hospital, and she it was also who made Dr. Anna Hamilton welcome to the wards when she was conducting the investigations for her thesis—gave her an apron and a broom and the freedom of the hospital.

The final conference to organize the International Council of Nurses was held in her rooms and under her genial hostess-ship; she had already taken a part in the nursing section which Mrs. Fenwick had organized at the Congress of the International Council of Women in 1899 in London. Last summer's congress in London was the triumphant justification of all the painstaking care for organization that they two had taken; no trouble was too great for her to take for it; nothing was too good for the strangers who were to come from all countries; with the large hospitality that gave her happiness in seeing others happy, she arranged personally all the details of the evening reception at St. Bartholomew's Hospital which left so vivid and indescribable an impression upon her guests.

Had Miss Stewart lived to write her recollections she could have made a most delightful history. More than once we begged her to do so—to take a year off and in some quiet spot set down her reminiscences; but work always pressed too urgently. Her sense of humor and her optimism enlivened all of life, and this memory of her will come to cheer the friends she has left.

THE TUBERCULOSIS OF BAKERS

DR. MAURICE LETULLE, well known in France as a prominent physician who is keenly interested in social questions, gave an important paper some time ago at the meeting of the French Consumers' League on the subject indicated by the title, which has been reprinted in the *Bulletin Professionnel* of March 15, 1910.

Dr. Letulle tells of his own student days, when the medical chiefs taught him that bakers were so apt to be afflicted with what was called "baker's bronchitis" that it was regarded as the "occupation disease" of bakers, being taken for a chronic bronchitis. To-day, he says, it is known that this is the most formidable type of chronic tuberculosis, with which one may live long, enduring a miserable existence and being a source of infection to others.

Bakers are especially liable to this disease because of the particles

of flour dust, etc., which they breathe, and still more because of the great extremes of temperature to which they are exposed. Added to this, the hours of work for bakers are very often inhumanly long, and the night work which they must do is very exhausting. Every one knows that night work is more wearing than day work; opportunity for proper nourishment at night is lacking; bakers try to sustain their strength by alcoholic stimulants, which of course hasten their physical downfall. Tuberculosis among these workers is so frequent that every old baker may be regarded as tuberculous (70 per cent., say the statistics). In special hospitals and sanatoria the bakers head the list, with street sweepers, printers, etc. Baking is then a trade that needs the utmost protection. Night work should be abolished and hours of work shortened.

Another distinguished medical man, Dr. Laveran, has lately made an exhaustive report for the French authorities on the dangers of infection in the baking trade (the infection to the consumers being a real peril) in which he condemns on hygienic grounds the practice of kneading by hand and insists on the superiority of mechanical kneading by machinery.

In this country most horrible conditions in bakeries have been repeatedly exposed, while very little has been done to remedy them. Hygienic conditions of the work places are, of course, necessary; this is not contradicted by any one, but the safeguard of short working hours has so far been refused to bakers by legislatures or by the courts.

THE MAY MEETINGS

It seems probable that none of the foreign members of the International Council of Nurses will be able to come to America this spring. All are tied down with work, which seems to be at an unusually critical and important phase of growth in every country.

AN HONORARY VICE-PRESIDENT FOR SWEDEN

THE International Council of Nurses has the pleasure of announcing that Miss Thérèse Tamm has accepted the position of honorary vice-president for Sweden and will represent her country in that capacity in the future meetings of the Council.

THE Scottish Nurses' Association had a meeting in Glasgow in March, where a very interesting programme and discussion were carried on. Sir William Macewen, the president, reviewed the history of the association, formed some seven months ago, and then the ever-

absorbing subject of unequal standards, uneven preparation, uniform qualifications, and the whole question of the day came-up.

It is pleasant to see that Mrs. Strong, formerly the matron of the Glasgow Royal Infirmary, and whose long period of training-school administration was of a notably constructive and progressive character, has come back into organization work, to which she seems now to be giving the same whole-hearted service that she formerly gave her hospital.

American nurses will remember that Mrs. Strong came to America to the Buffalo congress, but was prevented by illness from attending the meetings. Her paper on that occasion is included in the congress reports, and may be re-read now with renewed interest. Mrs. Strong was the first to propose and organize a course of preliminary training for nurses in Great Britain. It was established at the Glasgow Royal Infirmary in 1893, and Mrs. Strong's paper tells of the sympathetic and practical share taken in it by Dr. Macewen, now the president of the national association.

We extend our warm good wishes to the Scottish Nurses' Association, and hope Mrs. Strong has not forgotten us, and that she may come to Cologne with a fine delegation from Scotland to renew the memory of old times.

Mosenthal, writing in the *Archives of Pediatrics* on the "Gastric Capacity of Infants," believes that the capacity of the infant stomach has been underestimated by the scientists who have made tables of the relative capacity at different periods after birth. Doubtless many mothers and nurses and all infants would agree with him in this conclusion. He finds that the whey passes into the intestines within ten minutes after milk is taken into the stomach, but that the curd requires from two to three hours to digest, and he concludes that the feedings should be at least three hours apart, but that a somewhat larger amount than has been considered the standard should be given at each feeding, as the stomach increases its size during digestion by elongation.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE



IN CHARGE OF
HARRIET FULMER

FROM Richmond comes the news that the Instructive Visiting Nurse Association has given a nurse to the public schools of the city, and the City Council values the work to the extent of creating the office of school nurse for the John Marshall High School. The Board of Health has recently employed three nurses to devote their entire time to the prevention of infant mortality and one to assist in stamping out an epidemic of measles. The Board of Health has also paid the salary of two district nurses for the last two years in order to have better co-operation by the nurses in the tuberculosis work.

THE report of the work done by the visiting nurses of Chicago, as given by Miss Fulmer in her annual report, is of interest to others. We quote almost in full.

“The work has been characterized by a fine up-to-date spirit of unrest—unrest because of handicaps, that will not allow us to do for our great city all that our brains and hands are standing ready to do, and so we must, day after day, come back from our labor discouraged because of the things which we cannot accomplish. The people of Chicago send this group of women forth, as scouts in the warfare against disease, as an alleviating agency for those in bodily ills; but the public at large would also do well to listen to the story that year after year, day after day, those women are bringing back from the highways and byways of the living places of the masses. Come with us to ‘the other side’ and see why we are sounding the note of wholesome discontent.

“Come with us to the homes of little children crowded into dark, damp living-rooms, where poverty and immorality and deficiency go hand in hand; where filthy streets and garbage boxes wage victoriously over trained nurses and free ice and sterilized milk, in the fight against our baby death-rate. We need a man among us with the courage of his convictions, who shall not be satisfied because ‘we are making

progress,' but one who shall find time to see that Chicago's disease-breeding tenements are abolished, that her streets and alleys, where the poor must live, shall be kept at least decent.

"This may not altogether do away with the need for aid societies, hospitals, probation officers, and visiting nurses, but it will go many steps toward lessening their ever-increasing demand. When Chicago does her municipal duty, it will need eight visiting nurses instead of 85. However, with our own specific discouraging view-point we are also not unmindful of all the fine activities that ameliorate some of the conditions which we find. Our playgrounds and our parks and our health offices we are grateful for.

"We are particularly fortunate in drawing to our work an unusually fine set of applicants. Our new rule of requiring every nurse to present her certificate of state registration, in addition to her diploma, has proved a good one, as such a declaration of standard helps to advance the place of the trained nurse everywhere.

"Aside from our tried and tested list of those waiting for openings, we have many hundreds in the year who apply and never come back, and some who do come knowing nothing of the life are amusing. One woman wished to do the work because she was consecrated to the Lord's service. She stayed two hours and departed, saying she did not know how any one could be 'expected to work in such heat and in such a filthy home as we sent her to,' when she could get plenty of private duty in Lake Forest. We commended her to the latter in all seriousness.

"Training schools for nurses ought to be great powers to do away with this attitude among nurses. There is too much of it. For, by strange comparison, this lowly home the same day had a visit from one of the leading children specialists, who looked upon it as a privilege to give his time and advice.

"The moment a visiting nurse crosses the threshold of the door all the occupants of that home become her responsibility. The physical condition of the house and the room is as important often as the patient in the bed. If she leaves that home with any stone unturned for helpfulness to better living, then she has missed her vocation. She has her opportunities thrust upon her every minute, and I wonder if the general public will ever realize what an equipment of heart, brains, and hand these women must carry with them to be successful. The requisites, compared to the work of the institutional or private nurse, are as 1 to 1000. One patient in one comfortable room, with a skilled physician on call, is quite a different proposition from a nurse with 75 patients in 75 different homes, miles apart, where poverty and igno-

rance and unsanitary conditions complicate the situation at every turn. Have you ever seen a visiting nurse bring order out of chaos in a few short hours? An early morning call brought us to a home where disease and poverty and despair were everywhere apparent. The young wife and four little ones were huddled about a kitchen stove, the unmistakable cough heard from a rear room told us where our patient was, the husband in the last stages of tuberculosis. The picture was the most hopeless one one could wish to see. Two things relieved the gloom, the winter sun coming in at the window and the fine, strong, intelligent young woman in nurse's dress taking in the situation at a glance. In less time than it takes to tell, our coats were off, the fire burning brightly, and the kitchen tidied. By this time the patient in the dark room beyond had been brought out and made as comfortable as possible on chairs beside the stove. All the time the nurse had been speaking words of cheer to the mother, who had been persuaded to wash and tidy her little ones, who were now happy at the window watching the passers-by. The father was urged to go to the hospital where he is comfortable, the house has been cleaned and disinfected, the children go to a day nursery, and the mother, who is an excellent laundress, goes daily to work.

"We have found that 'prevention' is the cheaper method of accomplishing our work and costs less than medicine and doctors. Warm clothing, nourishing food, milk and eggs, cost less than tonics. It is false reasoning to send a nurse and doctor to children who are ill from lack of clothing and nourishing food.

"Each of our 35 districts represents by itself not only a complete hospital ward, but has all the ramifications necessary to perfect social service to the families into which we are called. The nurse knows her police sergeant, her hospital, her day nursery, her probation officer, the ambulance service, the schools, the relief agencies. When she discovers a deficient child out of school, she knows what to do at once to secure for him some sort of instruction. She either sends him to a subnormal room, or sees that a visiting teacher comes to him.

"We went many steps forward when we formed an alliance on each side of the city with the three large medical schools. We now have our daily headquarters on the west side at Rush Medical College, on the south side at Northwestern Medical Dispensary, and on the north at the Polyclinic. This divides the city into the three nursing centres with a complete organization as if it were a separate and distinct association, with a supervising nurse in charge of each division. At each of these stations both the visiting and school nurses meet each

day between the hours of 12 and 1 o'clock to write their reports, replenish supplies, and communicate with the main office. This brings the entire field work under close supervision daily, and makes far better service to each patient. No social worker in Chicago comes into so close personal contact with the less fortunate as the district nurse, and the medical men at the clinics of these three colleges realize that the coming of the district nurse to their aid has been a valuable asset in accomplishing the otherwise inadequate clinic and dispensary service. Now that the nurses meet at the dispensaries each noon they bring back verbal reports to the physicians and in return receive instruction from them regarding the cases. No more intelligent alliance could be obtained than this. It has taken much patient waiting to accomplish this. Beside the value of the work to the patient and the nurse, we must not forget the newly awakened interest in the less fortunate and their surroundings which is coming to the medical man. Nine hundred physicians brought personal service to our patients last year and helped us to discover many solutions for the problems that overtake us.

"In revisiting many of the babies cared for during July and August, we found more than two-thirds of the mothers not only grateful but carrying out what the nurses had taught them. It simply demonstrated that with a steady pressure of advice and instruction throughout the year, we would be an immense factor in reducing infant mortality.

"The most satisfactory summer outings were the four large day outings to mothers and babies. Every mother invited had not been out all summer, many of them had never seen a park. The colored peoples' outing at Jackson Park was especially gratifying as none of the outing places take them. As Miss Smith said, if it hadn't been for the Visiting Nurse Association, what would the colored people have done?

"The most satisfactory and beneficent of all the summer work was the ice distribution. One thousand one hundred ice books were given us for distribution by the *Tribune*, each book representing one thousand pounds of ice. They were circulated among two thousand families. This gift prevented great suffering, and in the homes where babies were receiving milk, it was of untold value.

"The suffering during the hot months, among the bedridden tuberculosis cases, was especially pathetic, and the ice seemed a Godsend. The nurses found the tuberculosis cases the hardest problem. The windows and doors without screens allowed flies to come in, and added not only to the discomfort of the patient but the danger of contagion.

Five thousand yards of green netting was given out and this helped some.

“Seventeen vacation schools asked for a nurse. The nurses went three times a week to give instruction and inspection. Talks on cleanliness and personal hygiene received commendation from the superintendent. A large number of tooth-brushes were given out.

“We have had a fine co-operation from all the social settlements, the united charities, the county agent, the probation officers, the Juvenile League, and most especially from the day nurseries, where the nurses have made periodical visits throughout the year.

“It has been a great comfort and infinite satisfaction to have, throughout the year, for our cases, the privilege of advice from the best in the medical profession, to have access to the beds in every hospital in Chicago. On one day 125 beds, not counting the County Hospital, contained visiting nurse cases, all sent upon advice of physicians.

“It is extravagant and bad business policy to delay longer the erection of the Tuberculosis Sanatorium. The thousands of curable cases, while we deliberate, may be past helping, and the thousands of infectious cases may have infected a thousand non-infectious cases, all soon to become objects of charity or public charges. While we deliberate about the building of a city hospital for acute and contagious diseases, death is taking toll of many little ones.

“Our two nurses in the welfare department of the McCormick and Deering divisions of the International Harvester Co., have been openly commended for their work by the managers of both these places. More than 5000 girls have been cared for, physically, and the moral influence alone is worth far more than the expenditure.

“The work of social service nurse supplied by us to look up all cases at the Children's Memorial Hospital, in both the out-patient department and the cases admitted to the hospital, is of great value. Social service work to hospitals and dispensaries is not only the duty of the hospital, but is of financial benefit as well. In the very near future, every hospital will have its social service nurse, and the Visiting Nurse Association stands ready to provide the worker when that time comes. Before another summer we must have a special dispensary for babies, or better still, a Bureau of Child Hygiene, with the dispensary and milk station as a special department of the work.

“The emergency corps of seven nurses sent to ‘the Cherry Mine disaster’ have received unlimited praise from every one connected with the work. They started from Chicago at a moment's notice, with hospital supplies (the only thing of this nature on the grounds, at any

time). They sat up nights with women who aborted, they went from house to house, knowing personally every woman in the village. They stayed on duty at the mouth of the mine and rendered help to the rescuing parties. They furnished the gauze, face protectors, and stimulants to the men as they came up; they gave the only rubber gloves to the undertakers who were handling decomposing bodies, and above all they comforted the women as no one else could. Their familiar uniform will never be forgotten in that little village of woe, either by the working people or the mine officials.

“There will soon be a movement started to ask the Red Cross to form an alliance with the visiting nurse associations in this country, for nursing service in local disaster, just as they have with relief societies. No group of nurses stands so constantly equipped to render emergency service as these nurses. They are always on call, and for any local service nothing could be found more expeditious. It is a wise and feasible proposition and above all a duty of the local association.

“Almost any one would envy our school nurses their opportunities. The population of the schools they visit every week is 134,000 children. The service they render has corrected defective vision for hundreds, removed the adenoids of mouth-breathers in scores, attended to vermin heads by thousands, treated impetigo and common itch and skin diseases by as many more, and the nurse did not accomplish all this either in one or two visits, but dozens of them and after hours of weary pleading.”

The importance of a wise, kind, but firm nurse cannot be overestimated, even at the very beginning. One who, instead of taking up the baby when he cries, turns him gently and patiently until he finally goes to sleep, is not merely conferring a blessing upon the parents by preventing night-shirt parades on their part, but is so influencing the child by teaching it peace and content with its surroundings, that it will grow up a happy, contented member of the household and society. If these lessons are not taught thus early, a nervous, excitable child is produced, the neurotic man or woman, one of the most deplorable conditions which we have to treat.—DR. SAMUEL D. GILBERT in *Yale Medical Journal*.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

ANTITYPHOID VACCINATION.—The *Johns Hopkins Hospital Bulletin* for March has a very interesting paper by Major F. F. Russell, Medical Corps U. S. Army, giving the results of vaccination with “killed typhoid bacilli.” The process was inaugurated by Sir Almroth E. Wright. During the Boer War 19,000 men were immunized and the occurrence of typhoid among them was only about half as much as among the untreated, and the death-rate was diminished about two-thirds. Many thousand doses have been given since then. Colonel Leishman furnishes statistics of the British army in India. Of 5473 men inoculated 21 had typhoid, 2 died; of 6610 men not inoculated 187 had typhoid and 26 died. The results were also quite favorable in the German army. Major Russell says the English statistics show that protection lasts for three years. This will cover the training period of nurses, and by vaccinating them you can reduce the number of cases to half or even less, which would justify insisting upon its use among those whose vocation exposes them to infection. The vaccine has been kept in an ice box for 15 months and been as effective as when first prepared.

SCARLET FEVER PROPHYLAXIS WITH STREPTOCOCCUS VACCINE.—In the *Boston Medical and Surgical Journal* Richard M. Smith reviews the work that has been done in the endeavor to secure immunity from scarlet fever, most of the accounts having been published in Russian. The vaccine most widely used was a concentrated bouillon culture of the streptococcus isolated from a person ill with scarlet fever, killed by heating to 60° C., with the addition of 0.5 per cent. carbolic acid. The scale of dosage used by Gabritschewsky and most of the other investigators is 0.5 c.c. of the concentrated bouillon culture for children two to ten years old. For those younger one-half this amount and for adults twice the amount is used. Another method is 0.1 c.c. for each year of the child's age, with 0.25 c.c. as the minimum and 1 c.c. as the maximum. It is claimed that after three doses of the vaccine, and usually after two, a complete immunity is established against scarlet fever. The duration of the immunity is thus far entirely a matter of speculation. It is

thought by the closest observers that the immunity lasts at least one and one-half years. The reports of the use of this vaccine in Russian villages during epidemics seem to show that one injection of the vaccine greatly reduces the liability to the disease; children that received two injections were very rarely attacked, and there were no cases among those who had had three injections, except one child who was vaccinated during the inoculation period of the disease. From the reports of these Russian physicians where the number of cases vaccinated runs into the hundreds, it seems evident that the streptococcus vaccines, used as advocated by Gabritschewsky, have some influence in controlling scarlet fever. Their use, with proper care, is attended by no harmful results. They should be given a wider application in this country to prove or disprove the contentions of the Russian physicians.

A SANE FOURTH OF JULY.—The *Medical Record*, in an editorial, urges that steps be taken to ensure a sane celebration of the next Fourth of July. The prohibition of the sale of explosives and the restriction of the use of firearms seems the only reasonable precaution. The killed and wounded in the Battle of Bunker Hill numbered 420. The killed and wounded as a result of the celebration of the Fourth in 1909 were 5307. Surely this offers food for thought and an incentive to action.

SCOPOLAMINE AND MORPHINE AS A PRELIMINARY TO GENERAL ANÆSTHESIA.—Dr. Clifford U. Collins, of Peoria, Ill., as reported by the *New York Medical Journal*, says that many erroneous statements had been made in the literature concerning the use of this combination as a preliminary to general anæsthesia, and he quoted some of them which his experience seemed to disprove. He used a tablet containing $\frac{1}{100}$ of a grain of scopolamine, and $\frac{1}{6}$ of a grain of morphine. A solution was made and the combination injected hypodermically an hour and a half before the operation. The preliminary was given to all adult patients and all children above the age of eight years. No contraindications had been found for the combination. Its action was beneficial as a preliminary to nitrous oxide gas, as well as ether and chloroform and other general anæsthetics. Only one patient in the eleven hundred had shown dangerous symptoms and these had soon been relieved. His experience seemed to show that the use of scopolamine and morphine as a preliminary to general anæsthesia was a rational procedure, adding greatly to the comfort of the patient by relieving him of all nervous apprehension prior to the administration of the general anæsthetic, by permitting him to sleep for some hours after the operation, and by greatly decreasing the amount of postoperative vomit-

ing, and mitigating the dangers of the general anæsthetic by lessening the amount necessary to produce the desired effect and by checking the secretion of mucus in the throat.

CURRENT LITERATURE OF INTEREST TO NURSES

Johns Hopkins Bulletin, March, "Antityphoid Vaccination," Major F. F. Russell. *American Journal of Surgery*, March, "Fresh Air in Surgery," Editorial. *Maryland Medical Journal*, March, "Ebb and Flow of Hypnotism since 1660," Howard A. Kelly. *Interstate Medical Journal*, March, "The Early Symptoms of Pellagra," C. C. Bass, M.D. *Medical Record*, March 26, "Suggestion Narcosis," Editorial. *New York Medical Journal*, March 12, "Brain Storm," Frank Woodbury, M.D.; March 26, "Typhoid Carriers," Randel C. Rosenburger. *Journal American Medical Association*, March 19, "The Future of Milk Supplies of Large Cities," Ernest J. Lederle, M.D.; "Ether an Antidote of Cocaine and Stovaine Poisoning," J. E. Engstad, M.D.; "A Department of Health," Editorial; March 26, "Vaccination, and its Relation to Animal Experimentation," Jay Frank Schamberg, M.D.; "Chronic Backache," Edward Reynolds, M.D., and Robert W. Lovett, M.D.; "Whooping-cough," "The Antivivisection Agitation in New York," Editorial; April 2, "The Tuberculosis Movement," S. G. Bonney, M.D.; "Modern Antiseptic Surgery, and the Rôle of Experiment in its Discovery and Development," W. W. Keen, M.D.; "Pellagra," A. J. Delcourt, Sr., M.D.; "The Prophylaxis and Treatment of Gastro-enteric Toxæmias of Bottle-fed Infants in Summer," Judson A. Hulse, M.D.; "Chorea," "The Rat and its Relation to the Public Health," Editorial; April 9, "Some New Features of the Class Method of Treating Tuberculosis," Myer Solis Cohen, M.D.; "Gonococcus Vulvovaginitis in Children with Results of Vaccine Treatment in Out-Patients," Wallace Hamilton, M.D. *Woman's Medical Journal*, March, "The Conservation of Manhood and Womanhood," Evangeline W. Young, M.D.; "Preventive Dentistry," Anna S. Worthen, D.M.D.; "Hygiene of Pregnancy," George L. Broadhead, M.D. *The Johns Hopkins Nurses Alumnae Magazine*, "The Genesis of a Children's Ward," Grace Baxter, R.N. *The Dietetic and Hygienic Gazette*, "The Nursing of Mental Invalids," Spencer Kinney, M.D. *The Survey*, March 19, "Turkey Fights Tuberculosis"; April 2, "New York Tuberculosis Conference," Philip P. Jacobs. *The Outlook*, April 2, "Hospital Social Work," Garnet Isobel Pelton. *McClure's Magazine*, April, "Preventable Blindness," Carolyn Conant van Blarcom and Marion Hamilton Carter; "Some Modern Ideas on Food," Burton J. Hendrick. *The Delineator*, April, "Catering to the Convalescent Child," Helena Judson.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: Will you please publish an article on Pernicious Anæmia,—care, treatment, complications, symptoms, and prognosis,—in your next number? It seems difficult to find any literature on the subject. N. J. H., R.N.

A QUESTION TO BE ANSWERED BY SCHOOL NURSES

DEAR EDITOR: In your next JOURNAL will you kindly tell the easiest way to remove nits from the hair? We have no trouble in killing them but have found no easy way to remove them. We have tried vinegar and alum but without the success we would wish. A. J. C.

[We think kerosene and a fine-toothed comb were the means employed in our training days. Has this been improved upon?—Ed.]

HOTEL LIFE OF NURSES

I.

DEAR EDITOR: As a private duty nurse I wish to express my appreciation and love of the JOURNAL. I subscribed for it soon after graduation in 1907 and think more of its value with each issue of the magazine.

I notice a letter in the March number on "Hotel Life of Nurses" and feel ashamed that any nurse should allow herself to be treated as if she were a lady's maid or waitress. I am a thoroughly western woman and have had no experience in eastern hotels, but "out west" no one would think of being so discourteous to us. We go to the same table as members of the family and are served the same. Occasionally the management objects to a nurse wearing a uniform to the dining-room. At such times I have either made a hurried change or had my meals sent to my room. As for tolerating indignities for fear of dismissal, that is entirely out of keeping with our profession. M. E. L.

II.

DEAR EDITOR: In the March number of the JOURNAL I read an article entitled "Hotel Life of Nurses." As no case of this character has ever come to my personal knowledge, I was surprised to learn that in some instances a nurse is expected to eat her meals with the employes and maids. I am inclined to think that the fault lies with the nurse; as no self-respecting nurse would agree to such an arrangement. I am confident very few doctors would expect a nurse to do so; and few patients either, if the nurse's demeanor towards the patient had been proper. I think the prospect of being dismissed from the case ought not to deter the nurse from taking a firm stand in this matter, as it is her duty to elevate the position of the nursing profession, and uphold its dignity. I think many other nurses will agree with me on this subject. M. W., R. N.

CARE OF MALE PATIENTS

DEAR EDITOR: I would like to hear *alumnæ* associations and superintendents of nurses voice a protest against a growing wrong in small training schools in the south and west (those dominated by male management), exacting of pupil nurses the catheterizing of male patients.

It is a condition that should not be, and every superintendent of training school, every association of nurses, every private nurse not associated with an *alumnæ* association should take a decided stand against such violation of the Mosaic law.

Private duty on the plains of the sparsely settled west sometimes necessitates a nurse's fulfilling this duty, when thirty or forty miles from a doctor, but that should not form a precedent, by which the greed of men in authority prompts them to exact it of their pupil nurses. It is a wrong so poignant that the question should be settled by legislative bodies, before allowing these schools a charter.

S. W. K.

OCCUPATION FOR INVALIDS

DEAR EDITOR: Referring to the proposed exhibit of occupations for invalids by the American Society of Superintendents of Training Schools, I beg to suggest the pleasure derived by invalids and their friends from pictures by our best artists. The Perry Pictures, the Copley Prints, and others furnish a list of several thousand copies of the best American, European and Asiatic artists. The 10 x 12 size is very convenient for ward, room, hospital, and home decoration.

J. McK.

WANTED, A SHORT COURSE IN SOCIAL WORK

DEAR EDITOR: Can you tell me of an association or hospital that will give a few weeks' instruction to a visiting tuberculosis nurse? All that I know anything about give a three or six months' course, and I do not feel the need of so long a term. I have been a nurse for a number of years, have done institutional and private nursing, and am now the visiting nurse for an antituberculosis association. Before taking up the work, I studied conditions in another city, but am not satisfied and would like to spend my vacation in some place where I could study social problems especially, for it is along those lines that I feel my weakness.

M. P.

[Replies sent to the editorial office of the JOURNAL will be forwarded to the writer of the above letter.—ED.]

FORCED FEEDING OF POLITICAL PRISONERS

DEAR EDITOR: Permit me to reply to J. B., the English nurse who writes in April on the forced feeding of political prisoners, that she entirely overlooks the real issue involved in the case. The English prisons have three different divisions, so called, and the first division treatment allows prisoners to wear their own clothes, see their friends, have books and letters,—in a word, these prisoners are not treated like common criminals. Men who have been convicted of political crimes have always been placed in the first division, even when they have committed murder from political motives. The reason

that the suffragettes resorted to the hunger strike was, that, though they were political prisoners, they were treated like common criminals. It was a protest against being placed in the second division as if they had been convicted of civil crimes and misdemeanors. The government was not obliged to let the women die. The just alternative open to it was to place the women in the first division. This is henceforth to be done, by order of the new Home Secretary, Churchill, and gives proof that the other treatment was a wrong. J. B. should remember that the leaders in all great reform movements have been criticized for not conforming to conventional standards of propriety, and we should all remember that we owe all the freedom we have to just such "unladylike commotion" carried on in the past by all those women who first broke bonds.

LAVINIA L. DOCK, R.N.

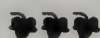
CONCERNING THE IMMIGRANTS

DEAR EDITOR: The plan for the reunion of the "Immigrants" (as far as it can be arranged at so early a date) is to have a little dinner together on Thursday night of Convention week, May 19; to have it early enough to avoid interference with any plans for the evening; to have it simple and inexpensive enough to be within the limit of digestion and pocketbook. No formalities of speech or toast, but just a "roll call" of all the names, by Miss Damer if she is able to be present, with responses read from those not there by Miss DeWitt.

Sarah J. Graham, of 733 Park Avenue, New York, will make definite arrangements for the place and price of the dinner as soon as she can learn for how many to prepare. Mrs. Lockwood is sending personal letters to those whose addresses she knows, but fears some will not be reached. Will not every one make a point of letting all others of the party whom *she* knows well know of the plan and urge every one to be present if she can, and to notify Miss Graham at once; or if she can't come, to send greetings to be read to Miss DeWitt of the JOURNAL, Miss Graham of New York, or Mrs. Lockwood of Granby, Conn.

EDITH BALDWIN LOCKWOOD.

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL

THE SUPERINTENDENTS' SOCIETY

THE SIXTEENTH ANNUAL MEETING OF THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES will be held in New York City, on Monday and Tuesday, May 16 and 17. The sessions on Monday and that of Tuesday morning will be held in the Academy of Medicine, 17 West 43d Street. The session on Tuesday afternoon will be held in one of the halls at Teachers' College.

The programme as outlined is: Monday, May 16, Dubois Hall, Academy of Medicine, 10 A.M.

Business meeting.

Welcoming addresses.

Reports of Standing Committees.

2 P.M., Report of the Committee on Education, Miss Helen Scott Hay, chairman, principal of the Illinois Training School, Chicago, Ill.

Reports of special sections outlining courses of training in:

Section I. Nursing in Obstetrics, Martha M. Russell, chairman, superintendent, Sloan Maternity, N. Y.

Section II. Nursing in Diseases of the Eye and Ear, Eugenia D. Ayers, chairman, superintendent of nursing, Manhattan Eye and Ear Hospital, N. Y.

Section III. Nursing the Nervous and Insane, Sara E. Parsons, chairman, superintendent of nursing, Massachusetts General Hospital, Boston.

Section IV. Nursing Infants and Children, Sister Amy, chairman, superintendent of nurses, the Children's Hospital, Boston.

Paper: "The Problem of the Child in the Hospital," Amy MacMahon, the Johns Hopkins Hospital.

Tuesday, May 17, 10 A.M. Report of the special committee on postgraduate work, Annie W. Goodrich, chairman, general superintendent Training Schools, Bellevue and Allied Hospitals.

Report on the organization of local societies of superintendents of training schools of New York State, Anna L. Alline, inspector of training schools.

Paper: "The Duties of the Ward Supervisor," Georgina J. Sanders.

2 P.M. "Student Government in Colleges," Julia Stimson, superintendent of nurses, Harlem Hospital.

"How Far the Principles of Student Government may be Applied to Hospital Training Schools," Luella Goold, late superintendent, Fanny Paddock Memorial Hospital, Tacoma, Wash.

"The Preparation of the Teacher for the Training School," Lydia Anderson, late assistant in Mt. Sinai Training School.

"The Relation and Proportion of Theory to Practice in Education," Dr. F. McMurry, professor of elementary education, Teachers' College, Columbia University.

Joint session of Superintendents' Society and the Associated Alumnae.

Wednesday, May 18, 2 P.M., Horace Mann Auditorium, Teachers' College.

Special session on Occupations for Invalids.

Welcome, Dr. James E. Russell, Dean.

"The Training of the Nurse as an Instructor in Invalid Occupations," Susan E. Tracy, superintendent of nursing, Adams Nervine Asylum, Jamaica Plain, Mass.

"Successes and Failures in the Use of Occupation as a Therapeutic Agent," Dr. Mary Lawson Neff, Long Island State Hospital.

"Manual Work as a Remedy," Dr. J. Herbert Hall, Marblehead, Mass.

"What the Fine Arts may Contribute to Instruction in this Field," Prof. Arthur Wesley Dow, professor of fine arts, Teachers' College.

Tea will be tendered by the college to the members of the Superintendents' Society and to the officers and delegates of the Associated Alumnae, 4 to 6 P.M.

8.30 P.M. Exercises in commemoration of the fiftieth anniversary of the founding by Florence Nightingale of the first training school for nurses.

Addresses by Hon. Joseph Choate, Dr. William M. Bolls, Dean of Cornell, Prof. Henry Fairfield Osborne, and others.

NOTE.—Some few final details are still unsettled. It is hoped to include reports of army, navy, and Red Cross work.

THE ASSOCIATED ALUMNÆ

THE THIRTEENTH ANNUAL MEETING OF THE NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES will be held in New York City, May 18, 19, and 20. The morning session of the 18th will be held at the Park Avenue Hotel. The meetings of the 19th and 20th will be held in Mendelssohn Hall, 113 West 40th Street.

The Park Avenue Hotel, 32d and 33d Streets, has been selected as headquarters.

The programme, as nearly complete as it is possible to announce it, will be: Thursday, May 19, 10 A.M.

Call to order.

Invocation, D. Henry Sloane Coffin.

Address of welcome, announcement later.

Response.

Report of Executive Board.

Report of treasurer.

Report of committees.

Address of the president.

New business.

2 P.M. Unfinished business.

Symposium on Private Duty Nursing, Katharine DeWitt, presiding.

(a) "Some Aspects of Private Nursing," Ruth Brewster Sherman, Baltimore, Md.

(b) "The Private Duty Nurse in Rural Homes," Margaret A. Pepoon, San Diego, Cal.

(c) "The Private Duty Nurse in the Institution" (speaker to be named later).

(d) "Opportunities for Nursing Work in China," Sada C. Tomlinson.

(e) "The Awakening World," Dr. Samuel M. Zwemer.

Friday, May 20, 10 A.M. Unfinished business.

Reports of special committees:

(a) Public Health.

(b) District Nursing.

(c) Tubercular Nursing.

(d) Nursing the Insane.

(e) Almshouse Nursing.

(f) Pension Fund.

(g) Reorganization and Revision of Constitution and By-laws.

2 P.M. Unfinished business.

Paper: "Care of the Insane," Dr. Wm. Mabon. Discussion.

Paper: "Ethics," Helen Scott Hay, R.N., Chicago. Discussion.

Report of Inter-State Secretary.

"Central Registry System," Dr. Marion Mead, Minneapolis, Minn.

Report of election.

Adjournment.

Saturday, harbor trip.

The private duty session is to be a special feature of the programme, and it is hoped that all the private duty nurses will take a very active part in the discussion.

THE SOCIAL ENTERTAINMENTS are as follows: Thursday afternoon. The co-operative committee of the Central Club-house for Nurses will give a reception at the temporary headquarters, 52 East 34th Street, from four to six o'clock, to which officers, delegates, and members are invited.

Friday evening. Miss Hitchcock extends to the association a cordial invitation to visit the Nurses' Settlement, 265 Henry Street, at 8.30.

Saturday morning. The alumnae associations of Greater New York invite the officers and delegates to a harbor trip from 11 A.M. to 4 P.M. Tickets for delegates and their friends, \$1.00, including luncheon.

Saturday afternoon. Reception at the Bellevue Residence, 440 East 26th Street, from 4.30 to 6.

Nurses are also invited to visit the following places: the Model Tenements, 416 East 65th Street, or 417 East 79th Street. Here, too, may be seen the Shively Model Tuberculosis Tenements. The Franco-American Food Company in Hoboken, reached by the Hudson Tunnel from 23rd Street, where parties not to exceed twenty will be met by the company's private car and taken to the factory. A light lunch will be served to visitors, and the preferred hour is 10 A.M., the company to be notified the day before. The Defender Manufacturing Company, 214-228 Avenue C, makers of bed linen under sanitary conditions, the morning hours preferred, and the management to be notified the day before if a large number is going. Also, the distributing agents of the foregoing firm, H. B. Claffin & Co., Church and Worth Streets.

A FINAL SUGGESTION FOR THOSE WEST OF CHICAGO

It has been suggested that the delegates from the west and northwest assemble at Chicago and travel with the delegates from there on the Royal Blue Limited of the Baltimore and Ohio Railroad, leaving Chicago at 5.40 P.M.,

May 14. Special Pullman sleeping-cars will be attached to this train for the exclusive use of the delegates, and should they decide to join the party they should advise W. W. Picking, district passenger agent, Baltimore and Ohio Railroad, 244 Clark Street, Chicago, who will reserve sleeping-car space for them. Full instructions as to rates were published in the April JOURNAL.

ASSOCIATED ALUMNÆ TICKET OF NOMINATIONS

THE ticket for officers for the Associated Alumnæ to be presented at the New York meeting is as follows: president, Jane A. Delano, R.N., War Department, Washington, D. C.; first vice-president, Mrs. Alexander R. Colvin, R.N., St. Paul, Minn.; Helen Scott Hay, R.N., Chicago, Ill.; second vice-president, Eva Mack, R.N., Chicago, Ill.; Lucy B. Fisher, San Francisco, Cal.; secretary, Agnes G. Deans, Detroit, Mich.; treasurer, Anna Davids, R.N., Mrs. C. V. Twiss, R.N., New York, N. Y.; directors, M. Helena McMillan, R.N., Chicago, Isabel McIsaac, Benton Harbor, Mich., Margaret M. Whitaker, Philadelphia, Anna C. Maxwell, New York, N. Y.

CONTRIBUTIONS TO THE JOURNAL PURCHASE FUND TO APRIL 14, 1910

Previously acknowledged	\$1994.50
Brooklyn Hospital Alumnæ Association.....	100.00
Nurses' Alumnæ Association, Jackson Sanatorium.....	25.00
St. Luke's Hospital Alumnæ Association, St. Louis.....	50.00
California Hospital Alumnæ Association.....	50.00
Danville, Va., Nurses' Club	5.00
Iowa State Nurses' Association.....	56.50
New Jersey State Nurses' Association.....	25.00
Rochester City Hospital Alumnæ Association.....	25.00
Graduate Nurses' Association, Lafayette, Ind.....	10.00
Rose A. Suffern	1.00
Jane L. Carter .....	.50
Anonymous	1.00
Marie S. Goetter	1.00
B.	5.00
D.	1.00
Margaret J. Thompson	5.00
E. G. Schrock	2.00
Frances A. Myles	2.00
Elizabeth U. Kellam	1.00
Katharine E. V. Hope, Julia W. Montayne.....	3.00

\$2363.50

Gifts of stock: Illinois Training School Alumnæ Association, 2 shares; Massachusetts General Alumnæ Association, 1 share; Presbyterian Hospital Alumnæ Association, Philadelphia, 1 share.

ANNA DAVIDS, R.N., Treasurer,
Member JOURNAL Purchase Fund Committee,
128 Pacific Street, Brooklyn, N. Y.

THE JOURNAL PURCHASE FUND

MANY HAVE COMPLIED WITH THE REQUEST that each member of The Associated Alumnae contribute fifty cents toward the JOURNAL Purchase Fund. All have not responded, or the sum would be complete. Let those who are subscribers, and are already giving their assistance through subscription, make an additional effort by sending the small amount asked for. Would it not be possible for other states to follow the example set by Wisconsin and include the subscription of the JOURNAL with the dues? If the thousands of nurses throughout the country who are not taking the JOURNAL would subscribe, there would be no need of further appeal, and the nurse would be amply repaid by receiving the JOURNAL, which she would find she could not get on without.

Every so often one hears that some other magazine meets the requirements of the nurse better than the AMERICAN JOURNAL OF NURSING. The duty of such a nurse or nurses should be to lend her assistance to make the JOURNAL supported and maintained by nurses the best and the one preferred, by making known to the editor and those interested what is desired. Constructive criticism is always appreciated and helpful, any other criticism fails to accomplish good.

MINNIE H. AHRENS,
GENEVIEVE COOKE,
ANNIE DAMER,
SARAH H. CABANISS,
ANNA DAVIDS,
Committee on Journal Purchase.

AMERICAN RED CROSS NOTES

THE NATIONAL COMMITTEE ON RED CROSS NURSING SERVICE announces with pleasure the completion of the plan for the enrollment of Red Cross nurses. The first step necessary is the formation of state committees on Red Cross nursing service in accordance with the following provisions:

"The National Committee shall appoint annually state committees on Red Cross nursing service of not less than five nor more than ten nurses who are members of organizations affiliated with the Nurses' Associated Alumnae of the United States, but where a state nurses' association exists which is affiliated with the Nurses' Associated Alumnae appointments must be made from names submitted by the Executive Committees of such state nurses' associations. Unless changes in personnel become necessary, it is desirable that a majority of the members of state committees be reappointed annually."

The following state committees on Red Cross nursing service have already been appointed:

West Virginia, Mrs. H. C. Lounsbery, 1119 Lee Street, Charleston; Mrs. Mary G. Carpenter, superintendent, City Hospital, Wheeling; Miss Vernon, Miners' Hospital, Fairmont; M. Virginia McCune, M.D., Shenandoah Valley Sanitarium, Martinsburg; Mrs. M. Lingenfelter, superintendent, Training School, Hinton Hospital, Hinton.

Illinois, Adda Eldridge, chairman, St. Luke's Hospital, Chicago; Mary C. Wheeler, Blessing Hospital, Quincy; Adelaide M. Walsh, 153 East Chicago Avenue, Chicago; Ellen Persons, 1954 Jackson Boulevard, Chicago; Mrs. Tice,

3417 Monroe Street, Chicago; Helen M. McMillan, Presbyterian Hospital, Chicago; Bena M. Henderson, Children's Memorial Hospital, Chicago.

New York, Elizabeth Dewey, chairman, Brooklyn; Mrs. Beatrice V. Stevenson, 1316 85th Street, Brooklyn; Mrs. C. V. Twiss, 419 West 144th Street, New York City; Elsie Patterson, Vanderbilt Clinic, New York City; Mrs. Ernest G. H. Schenck, 114 East 71st Street, New York City; Anna Charlton, New York City; Mrs. Harvey D. Burrill, 1602 South State Street, Syracuse; Sophia F. Palmer, 247 Brunswick Street, Rochester; Marie T. Phelan, 395 Andrews Street, Rochester; Rye Morley, Buffalo.

To facilitate the formation of these committees the following states have been assigned to members of the National Committee, and state secretaries are earnestly urged to communicate with their organizing member of the National Committee for information and advice:

Emma M. Nichols, City Hospital, Boston, Mass.: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut.

Anna C. Maxwell, Presbyterian Hospital, New York City, N. Y.: New York, New Jersey.

Georgia M. Nevins, Garfield Hospital, Washington, D. C.: District of Columbia, Maryland.

Mrs. H. C. Lounsbery, 1119 Lee Street, Charleston, West Virginia: West Virginia, North Carolina, South Carolina, Georgia, Kentucky, Tennessee.

Mrs. Frederick Tice, 3417 Monroe Street, Chicago, Ill.: Illinois, Michigan, Iowa, Minnesota, Missouri, Arkansas, Louisiana.

Linna G. Richardson, the Richardson, Portland, Oregon: Washington, Oregon, Idaho, Montana, Wyoming.

Margaret A. Pepoon, 4440 Maryland Street, San Diego, California: California, Nevada, Utah, Arizona.

States unassigned will communicate directly with the chairman of the National Committee on Nursing Service, State, War, and Navy Building, Washington, D. C.

JANE A. DELANO,

Chairman, National Committee on Nursing Service.

ARMY NURSE CORPS

IT IS WITH MUCH PLEASURE that I am able to announce this month the passage of a Bill, approved March 23, 1910, providing for a substantial increase in the salary of the Army Nurse Corps and other benefits long desired.

SALARY OF NURSES SERVING IN THE UNITED STATES

First three years.....	\$50.00 per month
Second three years.....	55.00 per month
Third three years.....	60.00 per month
Thereafter	65.00 per month

In addition to the above rates chief nurses may receive an increase not to exceed \$30 per month. Beyond the limits of the United States all nurses will receive \$10 per month additional (except in Porto Rico and Hawaii).

The Government will provide maintenance and for the laundry of nurses' uniforms. Nurses will also be allowed cumulative leave of absence with pay at the rate of 30 days for each calendar year.

The tour of duty for the members of the Army Nurse Corps includes service not only in military hospitals in this country, but various posts in the Philippine Islands. First class transportation will be furnished when travelling under orders, also reimbursement for incidental expenses—meals, fees, etc.—not to exceed \$4.50 per day.

The following are the changes in status of the Army Nurse Corps since February 1, 1910:

APPOINTMENTS: Nora C. Gallagher, graduate of the New York City Training School, Blackwell's Island, 1910; Beatrice Louise Hirtle, Worcester City Hospital, Worcester, Massachusetts, 1907; Emma B. Lindheimer, German Hospital, New York City, 1903; Margarette S. Lundy, Easton Hospital Training School, Easton, Pennsylvania, 1909; Annie May Pellett, Worcester City Hospital, Worcester, Massachusetts, 1906; Mary A. Rebholz, German Hospital, New York City, 1904; Nena Shelton, Mercy Hospital, Kansas City, Missouri, 1908; Mary Warburton, New York City Training School, Blackwell's Island, 1910, have received appointments and have been assigned to duty at the Army General Hospital, San Francisco, California.

DISCHARGES: Carrie Bechtle, from the Division Hospital, Manila, P. I., to be married; Amalie Ida Haentsche and Mary Zimerle, from the Division Hospital, Manila, to be married; Mary Agnes Sweeney, from the Division Hospital, Manila; Margaret M. Pampel, Jessy C. Palmer, and Harriet E. Rising, from the General Hospital, San Francisco, California.

TRANSFERS: Louise C. Boldt and Mame G. Johnson from General Hospital, San Francisco, to Manila, P. I., on Transport of March 7; Hannah P. Morris from Manila, P. I., to General Hospital, San Francisco, for duty; Mary H. Hallock from Zamboanga to Division Hospital, Manila, under orders for transfer to the United States; Gertrude H. Lustig and Valeria Rittenhouse, also under orders for transfer from the Division Hospital, Manila, to the United States.

JANE A. DELANO,
Superintendent, Army Nurse Corps.

MASSACHUSETTS

Boston.—THE NEW ENGLAND HOSPITAL FOR WOMEN AND CHILDREN has recently erected and opened a new nurses' home which is to be known as the Goddard Home, and which stands on the hospital grounds. The home is the gift, by legacy, of the late Mrs. Ednah D. Cheney, who was at the time of her death president of the hospital. The home is of brick, is three stories high, and will accommodate fifty nurses.

Great Barrington.—A NEW HOSPITAL has been provided for by the legacy of the late Mrs. Mary A. Mason, of \$750,000.

CONNECTICUT

NOMINEES FOR OFFICERS in Graduate Nurses' Association of Connecticut for the year 1910: president, M. J. Wilkinson, graduate of Hartford Hospital, M. I. Burwell, Connecticut Training School; first vice-president, I. A. Wilcox, graduate of Connecticut Training School, Ada Dalton, graduate of Hartford Hospital; second vice-president, E. A. Somers, graduate of Connecticut Training School, M. G. Hills, graduate of Providence, R. I., Hospital; secretary, Winifred Ahn Hart, graduate of Boston City Hospital, M. E. Archibald, Victoria Hospital,

Halifax; treasurer, Marcella T. Heavren, graduate of Boston City Hospital, R. I. Albaugh, graduate of Maryland Hospital. If unable to be present at annual meeting return ballot in sealed envelope to the chairman of Nominating Committee, Anna E. Barron, 754 Orange Street, New Haven, Conn.

Stamford.—THE STAMFORD HOSPITAL has had \$35,000 given it toward a purchase fund for a site for the new hospital.

NEW YORK

LYDIA ANDERSON, R.N., has been appointed a member of the Board of Nurse Examiners in place of Annie Damer, R.N., resigned.

Minute adopted by the Executive Committee of the New York State Nurses' Association, April 15, 1910:

WHEREAS, Anna L. Alline has resigned the position of state inspector of training schools after three years of service,

Resolved, That we do hereby record our appreciation of her painstaking, self-sacrificing effort in the interest of nursing education in the state, and extend to her our best wishes for her future welfare. And be it further

Resolved, That these resolutions be spread on our minutes, a copy sent to Miss Alline, and that they be published in the AMERICAN JOURNAL OF NURSING.

New York.—THE MT. SINAI TRAINING SCHOOL held graduating exercises on March 2, graduating forty-seven nurses. The address was given by Dr. Thomas R. Slicer. The Mary Guggenheim Scholarships were awarded to: Class of 1910, Katherine Diver, Magdalena H. Kluge, Edith M. Weeks; Class of 1911, Jean W. Grant, Dora E. Gaut, Evelyn Troumbly; Class of 1912, Alice F. Thompson, Edna Clay, Letitia Cook, Georgiana E. Donnelly, Blanche D. Friend, Genevieve I. Robb.

Betty Loeb prizes were awarded to Grace Patterson and Margaret L. Marran.

The Mt. Sinai Training School is offering a postgraduate course of three months in out-patient work with residential privileges. The departments include surgery, eye and ear, nose and throat, gynæcology, and general medicine.

THE NEW YORK POST-GRADUATE HOSPITAL TRAINING SCHOOL graduated twenty-four nurses in April.

THE NEW YORK COUNTY NURSES' ASSOCIATION held an interesting meeting on the evening of April 5 in the Academy of Medicine. Dr. Seymour Houghton, ex-president of the County Medical Society, made an address on central directories which was very well received. Among the reports given was that of the central registry committee which announced the establishment of a central registry as an assured fact.

About the time that this number of the JOURNAL is being read there will be open in New York City a central club-house for graduate nurses. This club is the outcome of a plan of co-operation between the nurses and the National Board of Young Women's Christian Associations.

For a long time the question has come repeatedly to Grace H. Dodge, president of the National Board, as to whether it would ever include in its activities any work adapted for the needs of trained nurses. The Board has been co-operating for years with other communities of women; women in private life, women in business, women in universities, colleges, and music, art and dramatic students. It seemed only reasonable that the important and influential class of professional women students, the trained nurses, should have the help of the Board in realizing some of their ideals. After a good many months of careful study it

has been decided to demonstrate the need for a permanent club-house by opening a temporary building to be used as a central rendezvous for the nursing profession during the next two years. A Co-operating Committee, consisting of fifteen women representing the interests of the National Board and fifteen nurses representing the different *alumnæ* associations, is responsible for the experiment. It is hoped that a large number of nurses in New York will avail themselves of the benefits and privileges of the club.

Simultaneous with the organization of this central club, the New York County Nurses' Association has decided to establish a central registry, which is to be exclusively controlled by the county association. As soon as a registrar is secured and the plans are completed, the county association will rent offices in the club-house and begin its work. It is hoped that the club-house, with its rest rooms and its living accommodations for nurses, may contribute much toward the welfare of the nursing profession.

A full outline of the complete plans will be printed in a later issue of the *JOURNAL*. Further information may be secured from Ada B. Stewart, Grace Church Mission House, 414 East 14th Street, New York City, or Jane Pindell, N. Y. C. T. S., Blackwell's Island, chairman of the Central Registry Committee.

ST. JOHN'S GUILD, in its forty-third annual report, gives a wealth of information in regard to its care of poor mothers, their young children and babies, and of its floating hospital and seaside hospital. The work differs from that of the Boston Floating Hospital in that the trips of the boat are made from four different landings during the week, so that it does not carry the same passengers day after day; also the mothers of the babies are taken with them, both on the boat and in the hospital. The average number of persons carried on a trip is 797. The number treated in the hospital during the last season was 2696. The many pictures of the work are appealing. It is not clear from a perusal of the report what the nursing system is, either on the boat or in the hospital.

THE NATIONAL ASSOCIATION FOR THE STUDY AND EDUCATION OF EXCEPTIONAL CHILDREN held a conference in New York City on April 21 and 22, at which such subjects were considered as, "Biological Variations in the Higher Cerebral Centres Causing Retardation," "Genesis of Hysterical States in Childhood and Their Relations to Fears and Obsessions," "Chronological, Physiological, and Psychological Age of Children," "The Exceptional Child and the Law," "Social and Religious Unrest through Lack of Mental and Moral Equilibrium in Groups and Individuals."

THE FRENCH HOSPITAL BAZAAR, held for six days in April in the Metropolitan Opera House, was one of the most interesting ever seen in New York. Opened by the Vice-President of the United States, addressed by the Governor and the Mayor, the presence of the French Ambassador, the entire staff of the French embassy, and the consul-general gave an international aspect. The twenty-six booths were presided over by ladies in the costumes of as many nationalities. About \$80,000 was cleared and will serve as a nucleus of a building fund for a home for the aged and one for the training school.

THE FIRST NEW YORK CONFERENCE OF CHARITIES AND CORRECTIONS will be held May 10-12. Topics for discussion are, children, congestion, fresh-air charities, public institutions, and relief of poor in their homes. The Hon. Robert W. Heberd is the president of the conference.

THE BELLEVUE TRAINING SCHOOLS for women nurses and for men nurses

held graduating exercises on the evening of April 26 at the nurses' residence, followed by a reception. There were fifty-one women and twenty-three men graduates.

THE S. R. SMITH INFIRMARY, in its forty-fifth annual report, pays a deserved tribute to the work done there through five years of earnest effort by its former superintendent, Nancy C. Cadmus.

Brooklyn.—THE BROOKLYN HOMŒOPATHIC ALUMNÆ ASSOCIATION held its annual social meeting on February 21 at the home of Mrs. William Carson, where an enjoyable afternoon was spent. The regular quarterly meeting was held on March 4 at 126 Greene Street, with a good attendance and an interesting programme.

SARAH A. EGAN, class of 1899, has accepted the position of superintendent of nurses of the Boston Floating Hospital, being a graduate of its course of 1906.

THE LONG ISLAND COLLEGE HOSPITAL ALUMNÆ ASSOCIATION held its annual meeting on April 13 and elected the following officers: president, M. E. Robinson; vice-presidents, Jessie E. Wiley, Julia Gleason; recording secretary, M. R. Hatcherson; corresponding secretary, E. Violetta Toupet, 35 Hawthorne Street, Brooklyn; treasurer, Annie Schmitz; directors, H. Garrow, M. Pope, A. May Hill, Mabel Kenney, Sarah Nelson.

Utica.—CHARLOTTE M. PERRY, R.N., who has been for six years superintendent of Faxon Hospital, has resigned her position much to the regret of all connected with the institution, who feel that Miss Perry has been of the greatest service to the hospital in her efficient administration and in her personality, which has won her many warm friends. She will rest for the present. The trustees expressed their appreciation by very generous gifts, and the alumnae presented Miss Perry with the school pin as an expression of their esteem and good will. Miss Perry's successor is Clara E. Illig, a Johns Hopkins graduate, who has been her assistant.

Syracuse.—THE SYRACUSE HOSPITAL FOR WOMEN AND CHILDREN issues its twenty-second annual report, well illustrated, and giving in detail an account of the work done throughout the year. Laura A. Slee, R.N., has completed her fifteenth year of service as superintendent. A two-story open-air building has been added for the use of child patients.

Rochester.—THE MONROE COUNTY REGISTERED NURSES' ASSOCIATION at its annual meeting elected as officers the following: president, Miss Palmer; vice-presidents, Misses Webber and Staub; corresponding secretary, Eunice Smith, City Hospital; recording secretary, Miss Leake; treasurer, Miss Anderson; chairman of club committee, Miss Phelan.

Buffalo.—THE BUFFALO HOMŒOPATHIC HOSPITAL issues an attractive monthly magazine, *Hospital Topics*, which contains several good articles, and much information in regard to the hospital, its managers, its training school, and its alumnae association. The officers for the present year of the alumnae association are: president, Aurelia J. Martin; vice-presidents, Jessie G. Burton, Anna J. Ballantyne, Emma O. Cook; recording secretary, Mary Louise Drake; corresponding secretary, Gertrude E. Myers, 310 Norwood Avenue; treasurer, Rozetta L. Burton; historian, Stella Adema. Six hundred and fifteen dollars have been raised by the alumnae toward the new hospital.

EDITH A. EVANS, R.N., a graduate of the Elizabeth General Hospital, Elizabeth, N. J., has been appointed night supervisor.

NEW JERSEY

THE NEW JERSEY STATE NURSES' ASSOCIATION held its eighth annual meeting in Milliard Hall, Passaic, on April 5. County association work has been organized. Frances A. Dennis, state chairman, reported that the state has been divided into six districts, and chairmen have been appointed to the different divisions. It is hoped through county organizations to interest nurses throughout the state in outlying sections in an effort to obtain state registration for nurses in New Jersey. Delegates were elected to the Associated Alumnae and to the State Federation of Women's Clubs, to be held in Englewood. Officers for the year are: president, Bertha J. Gardner; vice-presidents, Frances A. Dennis, Edith A. Hooper; secretary, Elizabeth J. Higbid; treasurer, Beatrice M. Bamber; trustees, for one year, Edna Chambers, for two years, Margaret Hickey, for three years, Marietta B. Squire. The third semi-annual meeting will be held in Newark, November 1.

Orange.—THE ORANGE TRAINING SCHOOL ALUMNÆ ASSOCIATION held its regular meeting on March 16 at the home of one of the members (name indecipherable). After the business meeting, an address was given by Dr. Halsey of Montclair on anæsthesia, which was most interesting and generally appreciated. A social time followed.

Farmingdale.—THE CHILDREN'S PREVENTORIUM has been moved here from Lakewood. The children will be temporarily housed in a cottage while fine new buildings are being erected, the cottage to be used later as a detention home for those newly admitted. The children are those of tuberculous parents and are not themselves patients. The work is preventive in character. Anna Davids, R.N., is in charge.

PENNSYLVANIA

THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES issues its revised curriculum, with the understanding that it is not supposed to cover the whole ground, but that it is to be considered the minimum of instruction that may be given. It is presented especially for the benefit of those schools that have had no definite course of study, or less than this calls for. It is suggested in the interest of the nurses that whenever practicable the lectures and classes be held during the day instead of the evenings, and that the lecturers be paid.

Preliminary Course, two weeks:

FIRST WEEK: Talks on care of rooms; care of bathrooms. Practical work in caring for pupils' rooms and bathrooms. Sweeping and dusting, two hours daily. Talks on hospital routine, rules, and foundation of ethics. Explanation of utensils and their use, one hour daily. Talks on bed-making, demonstrations of same, one hour daily. Preparation of trays and serving of food, one hour daily. Talks on bathing, demonstrations of bathing, convalescent patients, one hour daily. Talks on pulse, respiration, and temperature, practice in taking same, one hour daily. Study hour, one hour daily. Recreation time off, two hours daily.

SECOND WEEK: Care of patients' rooms, one hour daily. Care of linen and linen room, one hour daily. Taking pulse, respiration, and temperature, one hour daily. Serving trays and feeding helpless patients, one hour daily. Talks

on simple disinfectants and their use, practical demonstration of the same, one hour daily. Bed-making with patients in bed, one hour daily. Routine admission and discharge of patients and care of patients' clothing, one hour daily. Study hour, one hour daily. Recreation time off, two hours daily.

JUNIOR YEAR: Lessons and lectures, 32 weeks, 1 lecture and 2 lessons per week.

Hygiene.—Lecture I. Personal hygiene, bathing, dress, exercise, sleep, reporting of sore fingers, sore throats.

Lecture II. Heat, ventilation, drainage, disinfection of excreta. Lessons, 6. Recitations.

Ethics.—Lecture. Basic principles of ethics. Relation of nurse to superiors, fellow pupils, and patients. Lessons, 2. Text-book.

Administration of Medicine.—Lecture I. Methods of administration, weights and measures, care of medicine closets, care of glass, rubber and metal appliances.

Lecture II. Classification of medicines.

Lecture III. Dosage of principle medicines.

Lecture IV. Important medicines and their effects. Lessons, 8. Text-book.

Anatomy (using Skeleton, Bones, and Manikin, or Manikin Charts).—Lecture I. Bones, their structure, number and form. Joints.

Lecture II. Muscles, their structure and action, description of principal muscles.

Lecture III. Circulatory system. Heart, arteries and veins.

Lecture IV. Respiratory system. Lungs, pleural cavity, description of respiration.

Lecture V. Nervous system. Description of brain and spinal cord. Cerebro-spinal system. Sympathetic system.

Lecture VI. The viscera, description of each organ. Topography of organs.

Physiology (Class Work, using Text-book and Demonstrations).—Lesson I. Phenomena of life. Structure of tissues.

Lesson 2. The blood.

Lesson 3. Circulation.

Lesson 4. Respiration.

Lesson 5. Food, digestion, absorption.

Lesson 6. Metabolism.

Lesson 7. Relation of diet and nutrition.

Lesson 8. Structure and function of nervous system.

Lesson 9. Special senses, including voice.

Lesson 10. Reproductive organs, their functions.

Bacteriology.—Lecture I. Bacteria, general definition and classification. The danger of bacteria.

Lecture II. The important pathogenic bacteria, their artificial destruction; disinfection and sterilization.

Lecture III. Cultures and their importance; methods of obtaining specimens. Lessons, 3. Demonstration of modes of disinfection, methods of obtaining and preparing specimens for the laboratory.

Dietetics.—Lecture I. Foodstuffs and their classification.

Lecture II. Principles of cooking.

Lecture III. Beverages. Milk.

Lecture IV. Serving of food; combinations of food. Lessons, 12. Practical

demonstrations in diet kitchen on care of gas range, electric range, cooking utensils, and ice-box. Preparation of trays. Feeding of helpless patients. Preparation of foods.

Medical Nursing.—Lecture I. Bathing helpless and acutely ill patients. Applications, hot and cold; care of hot-water bottles, ice caps, and coils. Baths to reduce temperature.

Lecture II. Douches and enemata, varieties and modes of administration.

Lecture III. Observations of symptoms, excreta.

Lecture IV. Keeping of records. Charting. Making patient comfortable in bed.

Lecture V. Pneumonia.

Lecture VI. Typhoid fever.

Lecture VII. Rheumatism.

Lecture VIII. Cardiac conditions. Lessons, 12. In class and at bedside.

Surgical Nursing.—Lecture I. Asepsis and antisepsis.

Lecture II. Sterilization.

Lecture III. Preparation of patient for examination and operation.

Lecture IV. Duties of nurse during dressings and examinations. Lessons, 6. With demonstrations on preparation of solutions and dressings, and of patient. Four demonstrations in bandaging.

INTERMEDIATE YEAR: Massage. Twenty lessons.

Medical Nursing.—Lecture I. Constitutional diseases.

Lecture II. Tuberculosis.

Lecture III. Theory of contagious diseases.

Lecture IV. Isolation and quarantine.

Lecture V. Diseases of children.

Lecture VI. Diseases of children, continued. Lessons, 8. Demonstrations of baths, vapor and hot air; preparations for cupping; use of leeches; inhalations; care of the dead.

Obstetrical Nursing.—Lecture I. Anatomy of female pelvis, female organs of generation and their function, development of the ovum.

Lecture II. Pregnancy, its physiology and hygiene.

Lecture III. Labor.

Lecture IV. The puerperium and care of the new-born child.

Lecture V. Accidents and complications of pregnancy and the puerperal period. Lessons, 8. Demonstrations of the care of mother and child, precautions to avoid infection, care of premature infants and conduct of labor in a private house.

Surgical Nursing.—Lecture I. Preparation of operating room and instruments.

Lecture II. Suture and ligature materials, variety, preparation, and care. Use of cautery and aspirator.

Lecture III. Continuation of instruction in preparation of patient for major and minor operations.

Lecture IV. Postoperative care of patients. Catheterization, irrigations, positions.

Lecture V. Anæsthetics, local and general, and their dangers.

Lecture VI. Methods of restoration; administration of oxygen, hypodermic medication, and transfusion. Lessons, 8. Demonstrations of all the above.

Dietetics (Continued).—Lecture I. Carbohydrates their sources, food values, and preparation.

Lecture II. Meats, their food values and methods of preparation.

Lecture III. Eggs, their value, tests for freshness, and preparation.

Lecture IV. Fish, clams, oysters. Lessons, 12. Practical demonstrations in diet kitchen, preparing and serving the different varieties of food.

Accidents and Emergencies.—Lecture I. Burns.

Lecture II. Injuries, wounds, bruises, fractures.

Lecture III. Poisons.

Lecture IV. Sunstroke, heat exhaustion, fainting.

Lecture V. Drowning. Lessons, 5. Demonstrations of methods of relief, applications, precautions.

Urinalysis.—Lecture I. The urine, its significance and observation of same. Lesson, 1. Practical demonstrations.

Positions and Appliances for Rendering Patients Comfortable.—Lecture I. Beds, bed-rests, chairs.

Lecture II. Cushions, supports, crutches, braces, splints. Lessons, 2. Demonstrating all appliances.

SENIOR YEAR: *Surgical Nursing*.—Lectures on eye, ear, nose, and throat surgery. Practical demonstrations of the same.

Lectures on orthopædic surgery. Practical work in use of appliances.

Medical Nursing.—Lectures on nervous and mental diseases. Special nursing of nervous and mental cases.

Lectures on special diseases of children. Special nursing of sick children.

Obstetrical Nursing.—Review lectures on obstetrics. Specializing obstetrical cases.

Dietetics, computing cost of foods, planning menus for people in health and disease. Feeding of children, sick and well. Dietary for special diseases.

Hydrotherapy, practical administration of Nauheim and other medicated baths.

Electricity, practical demonstration of the use and care of galvanic and faradic batteries.

Hospital Economics.—Care of operating rooms. Care of instruments. Cost of supplies and best methods of preparation and use. Supervising wards. Assisting in instruction of probationers and first-year nurses.

Ethics.—Relation of the nurse to the public and to nursing in general. State societies and national organizations. State registration.

Emergencies.—Lectures on emergencies, medical, including poisons and their antidotes.

Lectures on emergencies, surgical, with demonstrations.

Lectures on emergencies, obstetrical, with demonstrations of appliances.

Special nursing of private and very ill patients in the hospital.

Philadelphia.—THE GERMANTOWN DISPENSARY AND HOSPITAL ALUMNÆ ASSOCIATION issues a year-book for 1909 which contains everything of interest for that time to its members—names of officers, list of members, reports, the graduating addresses, an excellent report of the Associated Alumnæ meeting, the president's address, and some news items.

THE ALICE FISHER ALUMNÆ OF THE PHILADELPHIA GENERAL HOSPITAL held its seventeenth annual meeting on Easter Monday afternoon in the nurses' home,

the president in the chair. The treasurer's report showed a good financial condition. The twenty-fifth anniversary of the founding of the training school will be celebrated May 12, 13, 14, and the committee hopes that all graduates will attend. The question of changing the name of the association and incorporating was thoroughly discussed, and the motion carried, "That we adopt the title Nurses' Alumnae Association of the Philadelphia General Hospital, and that we incorporate." A committee was appointed to take suitable action on the death of Rev. Fr. McElhone, who was rector of All Saints Chapel, Blockley, for thirty-three years, and was loved and respected by all. Delegates were elected for the Associated Alumnae. The following officers were elected: president, Miss Molloy; vice-presidents, Misses Lafferty and Spackman; secretary, M. L. Van Thuyne; treasurer, Mrs. Warmuth; executive committee, Misses E. Lewis, A. Rogers, E. J. Quintin. A pleasant social time was enjoyed after the business meeting.

THE PHILADELPHIA POLYCLINIC NURSES' ALUMNAE ASSOCIATION gave a very delightful reception to Miss Banfield on Thursday evening, April 14, at the Nurses' Club, 922 Spruce Street, which was attended by many women interested in nursing work. Miss Banfield is resigning her position as superintendent of the hospital after fifteen years' service, and intends to reside abroad for two or three years. Miss Banfield founded the Nurses' Alumnae Association in 1896, and filled the offices of president and vice-president for several successive years; and while within the last two or three years she has thought it wiser that the nurses should fill the more important offices themselves, has always taken the warmest interest in its progress. The members, in order to show their appreciation of Miss Banfield's unfailing interest in all that concerned them, took this opportunity of presenting her with a beautiful pearl and sapphire clasp.

Pittsburgh.—THE ALLEGHENY GENERAL HOSPITAL ALUMNAE ASSOCIATION and the senior class of the school enjoyed a lecture by Dr. Percival J. Eaton on "Care and Management of Infants and Children."

The alumnae association had so few members present at the April meeting, on account of the great demand for nurses, that it was decided to defer the selection of the representative to the Associated Alumnae until the May meeting. Violet McCully, who has had charge of the obstetrical department of the hospital, has taken up private nursing, and is succeeded by Belle Wilson, a graduate of the school.

DISTRICT OF COLUMBIA

THE GARFIELD MEMORIAL HOSPITAL has recently become the recipient of a neat little legacy of several thousand dollars in recognition of the care and untiring attention received at that institution some years ago by the donor. While confined to her bed and room she noted the absence of many articles that would tend to the comfort of the person occupying the room and the lightening of the labor of those caring for her, and she then resolved to devote practically her entire property to supplying in perpetuity just the articles lacking. Among other things a subscription for two magazines to be turned over to the use of ward patients when not needed in the room. This is truly a beautiful tribute to loving service performed cheerfully and willingly (although hampered by limitations and conditions), which could well bear repetition.

VASHTI BARTLETT, a graduate of Johns Hopkins Training School for Nurses, has resigned her position as superintendent of nurses at Garfield Hospital and

sailed for Europe on April 9. Katharine Kramer, a graduate of the Garfield, will succeed Miss Bartlett and will assume her duties May 1. Miss Kramer spent two years in Panama at the Ancon Hospital, and comes from Mexico where she has been doing private duty.

MARYLAND

THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES will hold the next examination for state registration June 7, 8, 9, and 10, 1910. All applications should be filed with the secretary before May 24. Applicants will be notified as to time and place.

NANNIE J. LACKLAND, R.N., Secretary.

Medical and Chirurgical Library,
1211 Cathedral Street, Baltimore, Md.

THE MARYLAND CENTRAL DIRECTORY is established in the Medical Library Building, with Eliza McLean, a graduate of the Massachusetts General Hospital, as registrar.

Baltimore.—CHRISTINA DICK, a graduate of Johns Hopkins Hospital, formerly superintendent of the Baltimore Eye, Ear, and Throat Hospital, has been appointed head nurse of the Phipps Tuberculosis Dispensary of the Johns Hopkins Hospital, vice Mrs. Reba Thelin Foster, who has resigned. Colina McDonald has been appointed in charge of the Tremontaine Hospital, Houghton County, Michigan, which is maintained by a mining company and has a staff of graduate nurses. St. Clair Livingstone, lately in the Mayo Brothers Hospital, has assumed charge of the Jefferson Surgical Hospital, Roanoke, Va. This is a private hospital maintained by Dr. Trout for his own surgical patients and has a nursing staff of ten graduates. Caroline Van Blarcom, class of 1901, has been made executive secretary of the Society for the Prevention of Blindness, with headquarters in New York City. Helen Crawford, class of 1901, has been appointed superintendent of nurses of the Chestnut Hill Hospital, Chestnut Hill, Pa. Miss O'Connell is to assist Miss Ellicott in the management of the hospital which will be opened this year in New York in connection with the Rockefeller Institute.

LUCY A. SHARPE, late superintendent of nurses at the Church Home and Infirmary, has resigned her position.

VIRGINIA

Richmond.—THE HUNTER MCGUIRE ANNEX and clinical amphitheatre of Virginia Hospital, which were so damaged by fire and water at the burning of University College of Medicine, have been repaired and are now in excellent condition, with the wards filled with patients.

MARY VIRGINIA LAMBERT, class of 1904, Virginia Hospital, who has done excellent work as assistant superintendent, has resigned her position and will enter the field of private practice after taking a rest. She is succeeded by Laura Duke, of George Washington University Hospital, and for one year chief surgical nurse there.

THE SHELTERING ARMS FREE HOSPITAL has just completed a new \$18,000 annex which will enable it to care for nearly twice as many patients as before. Elsie McDonald, graduate of a London, England, training school, and for two years assistant superintendent of the Polyclinic Hospital, Philadelphia, is in charge.

ELLIOT SMITH, formerly night superintendent at the Polyclinic Hospital, Philadelphia, has accepted the position of superintendent of the William Byrd Hospital.

MISS HANCOCK, former superintendent of Johnston-Willis Hospital, has resigned her position and is succeeded by Laura Darlington of Memorial Hospital.

RUTH ROBINSON, superintendent of St. Luke's Hospital, and her assistant, Miss Edwards, will spend their summer vacation in Europe.

Charlottesville.—A VISITING NURSE ASSOCIATION has been established and one nurse, Mrs. Harris, is in the field.

Lynchburg.—EVELYN K. DANIEL, class of 1908, Virginia Hospital, who has been for some time superintendent of St. Andrew's Hospital, has resigned her position and is in private practice in Richmond. She is succeeded by Edith Eaton, graduate of the University Hospital, Philadelphia.

GEORGIA

THE FOURTH ANNUAL MEETING OF THE GEORGIA STATE ASSOCIATION OF GRADUATE NURSES will be held in Atlanta, May 6 and 7, 1910, at the Atlanta Woman's Club. The opening session is called for 3 P.M., May 6. Members are expected to register and pay dues from 2 to 3 P.M.

THE STATE BOARD OF EXAMINERS OF NURSES FOR GEORGIA will be prepared to examine applicants for registration May 6, 1910, in Atlanta, Ga. Apply to the secretary for particulars.

EMILY R. DENDY, R.N.,
822 Greene Street, Augusta, Ga.

LOUISIANA

THE LOUISIANA STATE NURSES' ASSOCIATION held its sixth annual meeting in New Orleans on February 24, the president presiding. Seventeen new members were admitted. The following officers were elected: president, Katherine Dent, of the New Orleans Sanitarium; vice-presidents, J. McCray, of Charity Hospital, and S. Lawrence, of Touro Infirmary; secretary, C. Lehman, Touro Infirmary, 4217 Prytania Street, New Orleans; treasurer, M. D. Seddons, Charity Hospital.

OHIO

Cincinnati.—THE JEWISH HOSPITAL ALUMNÆ ASSOCIATION held its regular monthly meeting on March 4 with a fair attendance. Upon motion, a ten dollar subscription was voted toward the Visiting Nurse Association. After the transaction of business Miss A. Roberts gave an interesting talk on settlement work in New York.

Mount Vernon.—THE OHIO STATE SANATORIUM graduated its first class in the three months' post-graduate course on May 1. The three graduates are from schools in Ohio, Michigan, and Maryland.

WISCONSIN

THE WISCONSIN ASSOCIATION OF GRADUATE NURSES held a meeting on March 31, 1910, at 2.30 P.M., at Hotel Pfister, Milwaukee. There were sixty-four present in person, and thirty-five by proxy. Mabel Bradshaw called the meeting to order and announced that all officers and directors of the association, who

were holding offices temporarily, had resigned in a body, and thereupon called for a chairman and secretary to be elected for this meeting. On motion, duly made and seconded, Mabel C. Bradshaw was retained as chairman and Regine White as secretary. The minutes of the last meeting were read and approved and the treasurer's report was accepted. Upon motion duly made and seconded the meeting proceeded to the election of directors. The chairman appointed, with the approval of the members present, a nominating committee, consisting of Lucy A. Potter, Margaret E. Pakenham, and Gertrude Isermann, which retired to another room. After careful consideration, the committee returned with its report, naming the following persons as nominees for directors: For three years, Helen W. Kelly, Mabel C. Bradshaw, Regine White, Stella S. Mathews, Anne A. Ambridge. For two years, N. Elizabeth Casey, Anna J. Haswell, Maud G. Tompkins, Gertrude Isermann, Susie Rowan. For one year, Mary Maher, Anna C. Maloney, Annie W. Bartholomew, Mary Pfeffer, Mina Newhouse. The report of the committee was unanimously adopted and the above named persons were elected directors of the association to serve their respective terms or until their successors are elected and shall qualify. On motion, duly seconded, the association voted the sum of twenty-five dollars toward the purchase fund of THE AMERICAN JOURNAL OF NURSING. The association voted to send a delegate to the meeting of the Nurses Associated Alumnae of the United States. It was also voted to ask Miss Katharine deWitt to come to Milwaukee next fall to address this association. Upon motion, duly seconded, the general meeting adjourned and immediately afterward its directors held a meeting in the same place and elected the following officers: president, Helen W. Kelly; vice-presidents, Stella S. Mathews, Anna J. Haswell; secretary Regine White, 320 Sycamore Street, Milwaukee; treasurer, N. Elizabeth Casey. The regular meetings of this association will be held on the last Tuesday of every month.

ILLINOIS

THE ILLINOIS STATE BOARD OF EXAMINERS OF REGISTERED NURSES will hold its third examination in Chicago, May 9, at 9 A.M. All applications must be filed on or before April 23, 1910, with the secretary of the Illinois State Board of Examiners of Registered Nurses, 79 Dearborn Street, Chicago, Ill.

A FREE BED FOR NURSES AFFLICTED WITH TUBERCULOSIS in the curable stages of the disease has recently been established at the Edward Sanatorium, Naperville, Illinois, a department of the Chicago Tuberculosis Institute. This is in recognition of the valuable services of the nurses of Chicago, who as members of the Nurses' Auxiliary Committee of the Institute, under the chairmanship of Mrs. Theodore B. Sachs, took a leading part in the sale of Red Cross Christmas stamps, and it is from the proceeds of the stamp sale that the money to support the bed is appropriated. A sub-committee of the Nurses' Auxiliary, composed of Mrs. Theodore B. Sachs, chairman, 1306 Independence Boulevard, for the west side, Lila Pickhardt, superintendent of nurses, Augustana Hospital, for the north side, Orphea Birdsall, St. Luke's Hospital, for the south side, is in charge of the bed. Applications for admission to the bed may be made to them.

Chicago.—THE CHILDREN'S MEMORIAL HOSPITAL, in its annual report, shows what progress is being made in that institution. As a small hospital for children, with one small building, it did an excellent work which was limited in its scope, for some years. Two years ago new buildings were erected and a

training school for nurses established, which, by affiliation with a general hospital, gives an excellent training. Eight hundred and forty-one children were treated in the hospital during 1909, and 1357 in the out-patient department. The report contains many interesting illustrations and reports of unusual cases.

MURIEL GREGORY, R.N., graduate of the Boston Children's Hospital, has been appointed superintendent of nurses of the Children's Memorial Hospital, the position having been made vacant by the resignation of Rena S. Wood. Hannah Kissinger has been appointed head nurse of Cribside Pavilion. Rachel Amy sailed April 22 to spend the summer in the Channel Islands. Laura Kreer, R.N., graduate of Mercy Hospital, and a member of the Visiting Nurse Association, has charge of the social service work. Anne Sutherland, R.N., has been appointed assistant to Bena M. Henderson, R.N., superintendent of the hospital.

THE ILLINOIS TRAINING SCHOOL will hold commencement exercises on May 31, at 2.30 P.M., at Cook County Amphitheatre. All graduates and friends of the school are invited to the exercises and to the informal reception at the home following.

MISS HAY gave, on April 12, a lecture on "Practical Points in Home Nursing" to an audience of about one hundred and fifty members of the Woman's Club of Aurora, Ill. Her subject in particular was "The Fever Patient" and was full of useful suggestions for the home nurse. During the lecture the different points explained were demonstrated by Bertha Seibert, the "patient" being a pupil nurse from the Aurora Hospital. The audience was most enthusiastic in its appreciation of Miss Hay's talk, as well as the demonstration.

THE ALUMNÆ ASSOCIATION held its March meeting at the home of Mrs. Westcott and had a most enjoyable time, many out-of-town members being present. Two addresses were given, "Woman's Suffrage," by Mrs. L. G. Stubbs, and "Child Labor," by Anna Nicholes. Miss Kohlsaas was elected delegate to the Associated Alumnæ. A banquet will be given to the graduating class on the evening of June 1 at the LaSalle Hotel.

ANNA RICHARDSON, class of 1910, will assist Miss Muhs at Hahnemann Hospital. Miss Carney has resigned from Hahnemann Hospital to take up private duty in the city.

ST. LUKE'S ALUMNÆ leaflet announces the following social service nurses employed in the city: Children's Memorial Hospital, Jewish Aid Society Dispensary, Presbyterian Hospital, International Harvester Company, Deering Reaper Works, Seers, Roebuck & Co., the Illinois Industrial Home.

A SUMMER COTTAGE will be opened again this summer by the St. Luke's Alumnæ.

MISSOURI

Kansas City.—THE ASSOCIATION OF HOSPITAL AND TRAINING SCHOOL SUPERINTENDENTS, which was organized in June, 1906, holds its meetings on the third Tuesday of each month. The president is Cornelia E. Seelye, 4237 Windsor Street; secretary-treasurer, Annie M. Casey, German Hospital.

COLORADO

LOUISE PERRIN, secretary of the state association, has been appointed by Governor Shafroth a member of the State Board of Nurse Examiners for a term of five years. Miss Perrin has been working in the place of Miss Boyd, who resigned last September.

Denver.—THE COLORADO TRAINING SCHOOL ALUMNÆ ASSOCIATION held its fourth annual meeting on April 12 at the nurses' home of the County Hospital, when the following officers were elected: president, Clara Stueven, R.N.; secretary, Julia Holeck, R.N., County Hospital; treasurer, Sigma Fruk, R.N.; historian, Helen Thompson, R.N. The association has assessed each member fifty cents for the Purchase Fund of the AMERICAN JOURNAL OF NURSING, so that the delegate to the convention can take with her the pledged amount. One of the out-of-town members, Mrs. Milicent Bastin Northway, of Benton Harbor, Michigan, was in attendance at this meeting.

TEXAS

THE GRADUATE NURSES' ASSOCIATION OF TEXAS will hold its annual meeting at Galveston, May 4-5, 1910. A very interesting and instructive programme has been prepared for this meeting.

A. LOUISE DIETRICH, R.N.,
Secretary-Treasurer.

El Paso.—THE HEALTH LEAGUE has recently opened a well-equipped, modern dispensary of five rooms, with basement storage room. The rooms include a waiting room, private office, drug room, eye room, and clinic room. All are well lighted and airy, with plaster finish and cement floors. The superintendent of the Health League during the past winter has been H. Grace Franklin, and the work of the League under her supervision has accomplished more than ever before in its history. She has placed it on a sound footing, and it was with great regret that the directors accepted her resignation in March. Miss Franklin is well known in New York City, where she has been associated with Bellevue, Roosevelt, and the Woman's Hospitals. She plans to spend the summer in rest in California.

WASHINGTON

THE WASHINGTON STATE BOARD OF EXAMINERS OF NURSES will hold the next annual meeting in June. It will facilitate the work of the Board if those wishing to register will apply early. Application blanks and rules may be obtained from Mrs. A. W. Hawley, 718 East Howell Street, Seattle, Wash.

MARY P. HAWLEY, Secretary.

THE WASHINGTON STATE GRADUATE NURSES' ASSOCIATION will hold its fifth annual meeting in Spokane June 8 and 9.

The training schools of the state are to be investigated shortly, M. C. Burnett, Spokane, representing the state association, and Miss Smith of Anacostis representing the Examining Board. At the March meeting of the Councillors of the state association, Mary S. Loomis of Seattle was appointed delegate to the Associated Alumnæ, with Miss Halvor of Walla Walla as alternate. The cottage for tubercular nurses, built and furnished by the nurses of the state, is now completed and ready for occupancy.

MARY MACMASTER, Secretary.

Seattle.—THE KING COUNTY GRADUATE NURSES' ASSOCIATION held its regular meeting on April 4 at the registry, twenty-two members being present, the president presiding. Dr. Burdon gave an interesting talk on "Pure Milk and Infant Hygiene." Lillian Carter was elected delegate to the Associated Alumnæ. Four delegates to the state meeting in June were elected, the remaining three will be elected at the May meeting. Eight applications for membership were accepted, one was laid on the table for further consideration, and an application for reinstatement was rejected.

MARRIAGES

ON March 12, Jessie Foster, class of 1903, Allegheny General Hospital, to Fred Ault. Mr. and Mrs. Ault will live in Omaha, Nebraska.

ON February 26, at Manila, Philippine Islands, Ida Haentsche to Paul Hube. Mrs. Hube was for a long time a member of the Army Nurse Corps.

ON March 26, Elizabeth M. Mickel, class of 1906, Polyclinic Hospital, Philadelphia, to W. Leon Forsythe. Mr. and Mrs. Forsythe will live in Watoga, West Virginia.

ON March 9, at Cold Spring Harbor, Long Island, Mable Rose Barrett, class of 1906, Long Island College Hospital, to Edward Warren Walton. Mr. and Mrs. Warren will reside at the Florence Court Apartment, Brooklyn.

ON March 8, at Australic, Sumter County, South Carolina, Sudie Miller Furman, class of 1908, Sumter Hospital, and post-graduate of Bellevue, to Eugene Whitefield Dabbs. Mrs. Dabbs was city nurse in Sumter for sixteen months.

ON April 4, 1910, in Boston, Mass., Mary Elizabeth May, R.N., graduate of the Rochester City Hospital, superintendent of nurses at the Rochester State Hospital, and member of the New York Board of Nurse Examiners, to Charles Cameron Bell.

DEATHS

ON April 15, in Cleveland, Ohio; Isabel Hampton Robb, graduate of Bellevue Hospital, former superintendent of the Illinois Training School and of the Johns Hopkins School for Nurses.

JOSEPHINE OSBORNE, a graduate of the Paterson General Hospital, died very suddenly while shopping in Paterson. Her death is very much regretted by her fellow members of the state association.

ON January 1, at Plainfield, N. J., Katherine Mitchell, graduate of the Elizabeth General Hospital. Miss Mitchell was active in the New Jersey state work and her loss is greatly regretted by her associates.

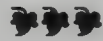
ON January 24, at Denver, Col., George W. Day, class of 1899, Grace Hospital, Detroit. Mr. Day was ill for several years with tuberculosis. The Colorado State Association will feel his loss, as he was one of its few male members.

ON March 15, at Port Huron Hospital, Port Huron, Michigan, Bernice Carter, class of 1909, Port Huron Hospital Training School. Miss Carter was a faithful friend and an earnest worker, and will be greatly missed by her associates in the St. Clair County Association.

ON March 30, Jessie S. Howe, R.N., of Ludlow, Ky., class of 1896, Garfield Memorial Hospital. Miss Howe had a large practice in Washington. Her death is regretted by physicians for whom she worked, her former patients, her classmates, and by relatives and personal friends.

ON March 26, at Omaha, Stella Ewing, a graduate of the Norfolk State Hospital, Nebraska. On March 21 Miss Ewing contracted scarlet fever from her patient and died after an illness of five days. Miss Ewing's early life and nursing career were filled with beautiful self-sacrificing deeds, and in her specialty, the care of mental patients, she exerted a marvellous influence and power.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

NUTRITION AND DIETETICS. By Winfield S. Hale, Ph.D., M.D., Professor of Physiology, North-Western University Medical School; Lecturer on Physiology and Dietetics in Mercy Hospital and Wesley Hospital, Chicago. D. Appleton and Company, New York and London. Price, \$2.00.

"A manual for students of medicine, for trained nurses, and for dieteticians in hospitals and other institutions." Such Dr. Hall announces his book to be, and he writes of nutrition and dietetics without making his manual into a cook-book, or a treasury of recipes, leaving that province to those who rightfully claim it, the teachers of cooking, and practical dietetics. Defining "nutrition" as a term which includes all the physiological processes associated with "the material growth, repair, and supplies of the body," he takes his subject in the same order—beginning with the chemical composition of the body—going on to the natural foods—definition of food, and classification of same—the preparation of food, which brings us to the end of Part I.

Part II, Chapter 5, takes us back to physiology—and deals with digestion. So through four chapters we review the digestion, absorption, and assimilation of food, and the elimination of waste material. Part III, Chapter 9, brings us to diet. The value and measurement of foods, the relation of fuel value to diet, and a scale of rations for different conditions of life: the very young, the aged, men and women, whether occupied exhaustively, and using great energy, or those living leisurely lives. These are followed by a list of menus for average conditions, including the young and growing child, the athlete, the sedentary, the laborer, the obese, and the anæmic, and others. Chapter 12 is contributed by Dr. Joseph Brennemann of the North-Western University Medical School and considers the subject of nutrition for infants. Diet in disease forms the subject of Part IV, while the appendices are devoted to

I. (a) Classification of diet; (b) recipes;

II. (a) Experimental chemistry of foodstuffs, (b) experimental chemistry of foods, (c) experimental chemistry of digestion.

The book deals with general principles and lays down no hard and fast rule which may not be broken by conditions peculiar to individual cases, at the same time there is nothing vague or uncertain in its teaching and to the various classes to whom the author offers it the book will ensure a welcome for itself.

PREPARATORY AND AFTER-TREATMENT IN OPERATIVE CASES. By Herman A. Haubold, M.D., Clinical Professor in Surgery and Demonstrator of Operative Surgery, New York University and Bellevue Hospital Medical College, New York; Visiting Surgeon Harlem and New York Red Cross Hospitals, New York. D. Appleton and Company, New York and London.

The most complete and up-to-date work of this kind that has yet appeared is Dr. Haubold's book; the four hundred and twenty-nine illustrations alone are a liberal education. The writer makes a strong plea for a fairer adjustment of work and credit between the general practitioner and the surgeon, and urges the need of educating the public to the knowledge of the responsibility resting upon the general practitioner to prepare the patient up to the time of operation and for the after-care succeeding the operation. He also urges upon the general practitioner the immense importance of a close following of the technic of operative cases. The present work is intended by the author to enable the practitioner to make himself familiar with operative technic, to the extent of being perfectly capable of treating the case so as to bring it to the time of operation in the most favorable condition possible, and to take charge again immediately the operation is completed, and carry it on till recovery is assured.

The writer is most intolerant of fads and hobbies and begs that surgeons bear in mind that the same object may be reached in different ways, each of which may have its especial field of usefulness. If there is need of a harmonizing influence to mediate between the surgeon and the general practitioner, Dr. Haubold would seem to have captured it.

The book contains directions both general and particular for the preparation of the patient, both with regard to history, medical care, selection of room, catharsis, preparation of the field of operation, and dress of patient. To the sterilization and preparation of instruments and dressings there is nothing to be added. The preparation of suture and ligature material, of water and cleansing solutions, are exhaustively considered; as also are the preparation of the operator and

his assistants, and the operating room. The drainage, suturing, and dressing of operative wounds, come next, and following the completion of these, are considered the complications arising from and following operation—shock, hemorrhage, vomiting, thirst, and pain; also the feeding of operative cases, and the after-care of the wounds. So much for the general and first half of the book.

The remainder is devoted to the consideration of special operations, a chapter to each of the smaller fields, as the face, the neck, etc., while the abdomen claims six chapters. There is a chapter on artificial limbs toward the end of the book, which comes in quite naturally, although one is apt to neglect to take into account the importance of this feature of after-treatment.

TYPHOID BACILLUS.—As a result of specific inoculation of large numbers of troops in the British Army, the results, as reported recently by Leishman, show that of 5473 soldiers inoculated, only 21 were subsequently infected, with 2 deaths, while of 6610 non-inoculated in the same regiment 187 had typhoid and 26 died.

The experience of the Germans with antityphoid inoculation has not been so extensive, but in the main it confirms the results seen in England. Of 424 typhoid patients, 324 had not been inoculated. In the uninoculated the mortality was 11.9 per cent.; in the inoculated, 4 per cent. In the inoculated the disease was milder and there were fewer complications and relapses.

As a result of these apparent successes with antityphoid inoculations, it has been proposed recently to introduce the same procedure into the army of the United States. Its use in civil life will not become general, doubtless, for a number of years. It is not unreasonable to suppose, however, that this inoculation should recommend itself in large institutions, especially where many of the personnel—physicians, nurses, ward tenders, laundry women, etc.—are not infrequently exposed to typhoid infection. Having demonstrated its usefulness in such situations, its introduction, generally, should be only a question of time, especially in communities threatened with or affected by typhoid epidemics.

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NO. 9

EDITORIAL COMMENT



TRIBUTES TO ISABEL HAMPTON ROBB

IN our comment on Mrs. Robb's death in the May JOURNAL, we could give no account of the services which followed, as our pages were just going to press. Funeral services were held in Trinity Cathedral in Cleveland, and the beautiful service of the Church of England was read by Bishop Leonard and Dean Du Moulin, both of whom were warm personal friends of hers. Wreaths of violets and other beautiful flowers were laid upon the coffin and arranged about the chancel, and these came from the many societies in which Mrs. Robb had worked so devotedly and from her various friends and associates. Some of the societies represented were the Society of Superintendents of Training Schools, the Johns Hopkins Alumnæ Association, The Nurses' Associated Alumnæ of the United States, the Board of Managers of the Lakeside Hospital, and many others. Miss Maxwell and Miss Nutting went on from New York, and Miss Delano from Washington. It was at first thought that the burial would be at her old home in Canada, but Burlington, New Jersey, is her final resting-place.

Memorial services were held in New York City on Sunday, May 8, in the Church of the Heavenly Rest; in Chicago, on Tuesday, May 3, at the Nurses' Home of the Illinois Training School, at which addresses were given by Rev. Mr. Pardee, who prepared Mrs. Robb for confirmation, by Miss McIsaac, her former pupil, associate, and warm friend, and others; at Johns Hopkins on Sunday, May 8, in the entrance hall of the nurses' home. Here addresses were made by Dr.

Hurd, Miss Nutting, Dr. Llewellys Barker, Miss Nevins, Mrs. William Ellicott, and Dr. William H. Welch. These had all been closely associated with Mrs. Robb, and Dr. Welch had been one of the Bellevue lecturers during her training days. We hope to report all these addresses very fully in one of our early fall numbers, when there can be gathered together other estimates and tributes which it is now too soon to obtain. It is hoped to give then a late picture of Mrs. Robb. That which appears as our frontispiece in this JOURNAL is the one most nurses will prefer, as it shows her in her nurse's dress. It is put in as a loose leaf by special request of some of our readers who feel that many will wish to frame it. We hope it may have an honored place on the wall of many a class room.

On Tuesday afternoon, May 10, the Graduate Nurses' Association of Cleveland appointed a committee to serve under the name of the "Isabel Hampton Robb Memorial."

This committee is to collaborate with a committee of the same nature appointed by the Visiting Nurse Association of Cleveland toward securing a Club House for Graduate Nurses where the interests of nurses, whether engaged in private, institutional, or social service can be more closely unified, the idea being that class consciousness and the potentiality of any profession is developed through a close community of interests and aims. Such a club-house emphasis on the educational side was Mrs. Robb's dearest wish.

At a special meeting of the League for Nursing Education, New York City, held April 22d, 1910, the following resolutions were unanimously adopted:

WHEREAS, We have learned with profound sorrow of the death of our colleague, Isabel Hampton Robb

Be it resolved, That in the death of Mrs. Robb, we, as superintendents, lose one of our most able and inspiring co-workers, and the nursing profession suffers an irreparable loss in being deprived of one of its most brilliant members.

Mrs. Robb's unceasing efforts for the advancement of nursing education, combined with mental endowments of a high order, made her a leader in the profession, and a splendid example of noble womanhood.

Resolved, That we tender to her family our heartfelt sympathy in its great bereavement.

Resolved, That a copy of these resolutions be forwarded to the family of our late associate, and that they be sent for publication to

the AMERICAN JOURNAL OF NURSING and to other medical and nursing journals.

ANNA C. MAXWELL, R.N.,
MARY A. SAMUEL, R.N.,
MABEL WILSON, R.N.,
Committee.

A resolution, adopted on May 8, in San Francisco, reads,

WHEREAS, the all-wise Creator has decreed in His wisdom to remove by death, our distinguished and gifted leader, Isabel Hampton Robb, therefore, be it

Resolved, by the San Francisco County Nurses' Association, that we pause in our activities to mourn this great loss and to acknowledge with grateful, though grief-stricken hearts her manifold benefactions to our welfare; her untimely death not alone bereaving this association and all its members, but also the organizations of nursing and nursing interests throughout the world.

As a teacher of nursing, and an author of our literature, we recognize her as ranking in value with Florence Nightingale; as an organizer, her presence alone inspired courage and inspiration. Her happy soul exhibited a self-mastery and magnanimity which has influenced the commonweal of us all.

The army of striving nurses she leaves has been benefited in all the walks and duties of the profession, by her unwavering exercise of noble talents and by her life of worth and power. Our grateful sisterhood—numbering thousands—representing all walks of nurses' calling, bless her, for having come into our lives, and to us she must ever be a living presence.

We pray that the merciful Power may comfort the stricken hearts of her family and that a living faith in the immutability of the soul may be their consolation.

Resolved, That these resolutions be spread on the minutes of our Association and be published in our official organ, the *Nurses' Journal of the Pacific Coast*, and that a copy be sent to the AMERICAN JOURNAL OF NURSING, and to her family.

From Cincinnati, Ohio, comes this message: "The Jewish Hospital Alumnae Association wishes to express, through the AMERICAN JOURNAL OF NURSING, its sincere sorrow over the untimely death of Mrs. Hunter Robb. The entire nursing profession has been deprived of one of its staunchest workers and strongest allies."

St. Luke's, Chicago, Alumnae leaflet says: "With the death of Isabel Hampton Robb, the nursing profession has lost one of its staunchest friends and hardest workers. She was perhaps one of the best known of that band of valiant women who first began the fight for higher standards in the profession. What pupil nurse has not met and become acquainted with her as she poured over 'Hampton' to be ready for class, or referred to her for advice to do things right? There was hardly a committee of the National Association of any importance in which Mrs. Robb was not active, or a movement for the broadening of the nurse's life and work in which she was not foremost."

The British Journal of Nursing commenting on Mrs. Robb's death in its issues of April 23, 30 and May 7, says: "It is impossible to express the sorrow which will be felt not only in the United States, but throughout the whole nursing world. In America Mrs. Robb was recognized leader, counsellor, and friend, in all that concerns nursing and nurses. A Canadian by birth, Miss Isabel Hampton, like so many of her countrywomen, owed her professional training to the great Bellevue Hospital in New York, and the United States gave her scope for the exercise of her genius. There is no finer position in the nursing world than that of Superintendent of the Nurse Training School at the Johns Hopkins Hospital, Baltimore, and she discharged the duties of this office with a distinction which brought honor both upon the school and upon herself. Her marriage with Dr. Hunter Robb, which took place in London, the lovely flowers which she carried on that occasion being the gift of Miss Florence Nightingale, in no way lessened her interest in nursing. 'Once a nurse always a nurse,' was her motto, and she devoted herself to the furtherance of nursing organization and of the interests of the American Society of Superintendents of Training Schools, and the Nurses' Associated Alumnae—which owed their foundation to her wise foresight—and to other public work. Destiny decreed that she should play a great part in the evolution of nursing, and, as often happens, dowered her with the qualities necessary to a leader with lavish hand. Splendidly strong, physically and mentally, capable, forceful, and magnetic, with a personality which not only charmed but commanded respect, she was able to impress others with her own strong convictions, and to carry them to fruition for the benefit of her profession in its early days, when wise guidance was of supreme importance.

"Her presence in London last year as a delegate to the International Council of Nurses was a great joy to her colleagues, and it is difficult to believe that a personality of such superabundant vitality has passed away.

"Isabel Hampton Robb belongs not only to America, but to the nursing world at large, which will always feel the uplifting influence of her life, revere her teaching, and keep her memory fragrant."

The *Minnesota Courant* says: "Her work for nurses and the profession of nursing is a matter of history—her place can never be filled."

These public utterances fill us with pride, but quite as weighty in their tribute to the worth of Mrs. Robb's influence are the many comments which are sprinkled through our daily correspondence. Almost every letter which reaches our desk contains some reference to our loss and some expression of personal sorrow, from those who knew her only by name, "Although I had never met her, I admired her greatly," to those who were her contemporaries, "It is sad to feel that the pioneers of the profession are beginning to leave us, but *sic transit*, we would not stay here always if we could. Happy are those who can go without long wasting illness and the discipline of pain."

IN MEMORIAM

ELIZABETH PARRY UPJOHN.

ANOTHER valued worker in the nursing ranks is removed so suddenly that it seems hardly possible to realize that she is gone. Miss Upjohn, who died at sea, while journeying alone, was superintendent of the nursing staff of the Out-patient Department of the Consumptives' Hospital, Boston, and so recently as March contributed to our pages a most interesting article describing the work of that staff; every one who read it must have felt the power and ability of the writer and from the personal letters which reach us commenting on her death, we learn that she was a woman of great influence and charm, as well. Her life had been full of unusual opportunities, used to the utmost. She was born and educated in England but received her nurse's training in St. Luke's Hospital, Utica. Later, she studied philanthropy and settlement work in New York, did missionary work in Japan with an uncle who was a bishop there, worked in Paris and New York, and finally spent three years in Cleveland in connection with the Visiting Nurse Association, where she had charge of the children's out-door camp and helped organize the tuberculosis work.

Of her work in Boston we quote the comments of Dr. Simon F. Cox, superintendent of the Consumptives' Hospital: "When the out-patient department of the Boston Hospital was inaugurated she was selected as the most competent person obtainable for the position of superin-

tendent of nurses. In the three years following she more than vindicated the choice.

"Coming to Boston a stranger, in a single week she had learned the city and knew every one connected with the work. Filled with enthusiasm for the fight against tuberculosis, she inspired equally all with whom she came into contact. Her ability as an organizer was unique.

"The head of a staff of 20 nurses, she knew personally each case which her department dealt with and day and night saw her in the front of the fight. Where her nurses could go, she said, she could go, and no weather was so bad as to deter her.

"She came to Boston equipped with a good knowledge of French and German. Finding that her duties brought her into contact with many Italians, she proceeded to master their language also, and induced many of her nurses to do the same.

"She could quickly grasp a situation and was ready for any emergency. When she learned of the Chelsea fire, she gathered six of her nurses and went over on her own responsibility to do relief work. Without rest she labored through Sunday and the night and day following.

"Last winter she broke down from overwork, and for three weeks was compelled to rest in a hospital. She returned quickly to her work, however, and went about it with greater vigor than before.

"For twenty years she had been afflicted with diabetes and knew that her death might occur at any time and almost without warning. This knowledge, however, she put aside, and wholly forgot herself in her duties."

One who knew her well says of her: "She has given her life for her work, for she has never been well or strong—her eagerness to fix the highest standards and to see the work of the Consumptives' Hospital developed to its fullest possibilities and greatest degree of usefulness has enabled her to inspire her staff of nurses with a noble enthusiasm. Her life is a lesson to all nurses in its devotion to duty and unwavering adherence to high ideals in spite of discouragement, even sometimes seeming failure." The nurses who worked with her all say she was their inspiration and that they do not see how they can go on without her.

THE SOCIAL SERVICES OF THE DISTRICT NURSE

AN article under this heading, written by Miss Nutting, appears in the *Household Arts Review* of Teachers' College, in which she says, in part: "No branch of work in the field of nursing is more popular at

the present time than that known as district or visiting nursing—popular in that general sense of the term which includes the workers themselves, the nurses, the families and districts in which they work, and the public through whose generosity and interest this particular form of educational philanthropy is initiated and maintained. Its status at present is that of an institution, and its growth during the last decade has been somewhat remarkable.

“Its increased activity in all general lines of visiting work, and its expansion into many special lines, have been most marked during the last few years and are significant of the rapid growth of public sentiment in matters relating to public health and social welfare. Most movements in this direction find themselves turning, sooner or later, to district nurses for assistance or co-operation, and the simplicity and flexibility of these nursing associations, leaves them free to work under almost any conditions. As yet there has been no unification of the various association or workers, no national organization working for some uniformity in methods or for educational ideals and standards among the workers, that may perhaps come as it has in England, and with it certain advantages. In the meantime there is a growing realization here of what has always been accepted in England, that the district nurse must bring high qualifications to her important work. Her general education must be liberal, since she must combine the three functions of nurse, teacher, and social worker. Her technical training must be complete, since she can never, like the private nurse, select her patients and decline work which is uncongenial or for which she feels unprepared. Whatever presents itself in the course of daily life in tenement, home or rural community, the district nurse must be sufficient for, while in the capacity of social worker, which she always is, social phenomena must be observed and correctly interpreted.

“The belief in the importance of the public services required of the district nurse, teacher, and social worker, the conviction that they call for definite and special preparation beyond that which the hospital can supply, has led to the establishment of a course in the college, designed to meet this need.”

PRIVATE NURSING INTERESTS

It is encouraging to find the private duty nurses responding so well to our request that they ask for articles which they feel would be of use to them, and using the letter box more freely for discussion of their problems. Two of the articles in this month's JOURNAL,—“Care of

Convalescent Children," and "Pernicious Anæmia," are the result of such requests, while in the letter box the discussion over the care of male patients, diet in obstetrical cases, and the amusement of convalescent children continues. We hope to have more letters in regard to the nurse on duty in a hotel. The subject has not been exhausted, by any means.

Dr. Marion Craig Potter asks us to publish a special request for her. She has recently contributed an article on "Vernal Recurrence of Chorea" to the *Woman's Medical Journal*, which appeared in the April issue. In this she traces the coincidence she has found in several cases of recurrent chorea between the coming of mosquitoes and the onset of the attack. After being poisoned by mosquito bites, the child begins to show the symptoms of the return of the trouble. She desires nurses who are in touch with children suffering from chorea to keep this in mind, watch carefully for any such connection, and report to her (through our editorial office) the results. June is the month for special observation, or early July. Those who would like to read her article can obtain a copy of the *Woman's Medical Journal* by sending twenty cents to its office in Cincinnati, Ohio.

In a recent address to the graduates of the New York City Training School, Mrs. Cadwallader Jones paid a kindly tribute to the JOURNAL, advising the nurses to subscribe for it and commenting on the increase of interest in private duty subjects.

The *Nursing Journal of India*, though only in its infancy, is making good use of its letter department, by encouraging intelligent discussion on topics of vital interest.

GRADUATE WORK IN INFANT FEEDING

THE Boston Floating Hospital will soon be in active operation for the summer season, and will afford, as for a number of years past, excellent opportunity for nurses to obtain graduate work in the nursing of infantile diseases and in infant feeding. The great increase of public interest in the prevention of infant mortality which has been shown during the past year is increasing the demand for nurses specially trained in both preventive and remedial work, and every nurse who is adapted to such work, and who is interested in it, but whose own hospital has not given broad facilities in the care of babies, would be wise to prepare herself by special study in some of the many places in operation in summer, such as summer camps, milk depots, dispensaries, or, better still, by the complete courses given at the infants' hospitals or by the Floating Hospital.

PROGRESS OF STATE REGISTRATION

ALL will rejoice with the nurses of Massachusetts in that, after such long and patient struggle, they have at last succeeded in obtaining state registration, their bill, the text of which is found in the official department, having been signed by the Governor on April 29, just too late for announcement in our May JOURNAL.

The bill is in some respects a compromise measure as is usually the case in states where such bitter opposition to nursing progress exists, and its success will depend largely upon the kind of board which the Governor appoints.

Perhaps in no other state has the burden of the conflict been borne so continuously by one woman as in Massachusetts, where Miss Riddle, as president of the state association, has again and again led the nurses of the state in their efforts and has been again and again defeated. She deserves the congratulations and good wishes of all her fellow nurses.

In Pennsylvania registration is being violently attacked by a number of doctors led by Dr. Beates, president of the board of medical examiners, in a series of letters which have appeared in the daily papers. The line of argument followed by these men is that state registration renders nurses insubordinate, that they usurp the place of the doctor, "carry a kit," do their own prescribing, undermine the doctor's influence, and reverse his orders. Their communications do not show clearly how these results are to follow registration, nor do they evince familiarity with the laws which they attack.

As an editorial in one of the papers suggests, it is difficult to reply wisely to such invective because it is so evidently based on ill-will and not on reason, but four members of the board of nurse examiners have replied in a dignified manner through the papers which published the attacks, and other doctors and nurses have also written on the subject.

It seems strange that doctors who are so opposed to the well-trained, educated nurse should also be opposed to registration, one would think they would find it a great convenience, for it not only makes it possible for the doctor or patient desiring the skilled nurse to obtain her, but it also makes it possible for the others to avoid her.

ILLNESS OF THE EDITOR-IN-CHIEF

THE many nurses who are readers of this magazine and who feel that they know Miss Palmer, the editor-in-chief, either personally, by correspondence, or through the JOURNAL's pages, will be sorry to hear

that after some weeks of illness she was obliged to submit to a serious surgical operation which was performed a short time after the news of Mrs. Robb's death was received. She is now making a good recovery, but will not be at her desk again for several months.

A CORRECTION

THROUGH mistaken information, Miss Edna Foley, from whom we quoted in the May editorial comment, was credited as a graduate of the Massachusetts General. She is, instead, from the Hartford Hospital, and is "very proud" to be.

THE OPERATING ROOM TECHNIQUE OF ST. LUKE'S HOSPITAL, NEW YORK

By JENEVIEVE VAN SYCKEL

Graduate of St. Luke's Hospital, New York City

THE main points towards which we aim are: (1) Simplicity of detail. (2) Economy of time and material. (3) Reduction of labor of preparation.

Economy of time is of great value to both surgeon and patient and is appreciated by both. An explanation of our routine will show how we seek to accomplish this.

All the materials used in the operating room (towels and sheets for draping, dressings, pads, and packing) are sterilized in conveyance cans or drums, which are placed in the operating room on frames fitted with foot pedals to open and close the lids. These sterile supplies are used directly from these drums, so that there are no bundles to be opened; and all the work of "setting up" the room can be done by one sterile nurse.

The utensils, such as basins and irrigating cans, are of white enamel ware, and are boiled in a steam basin sterilizer, from which they are taken as needed by the sterile nurse, and in which they can be reboiled if necessary between cases.

A few small glasses and glass bottles for "scrubbing up" solutions are soaked in the bichloride tub. The supplies are arranged for convenience in three drums; one is packed with sheets, towels, and table covers for the draping; another contains sponges packing and dressings, and will supply six or eight cases; the third is filled with a Prometheus electric heating apparatus, and contains various sizes of pads for walling off the viscera; and towels; which in this way are kept moist and hot, ready for immediate use, and so does away with the necessity of wringing out in hot water, and of being exposed for any length of time before being used. This surely is a safeguard when we remember that these pads are going into the abdominal cavity and might so easily carry infection.

The jars containing suture materials are soaked in Harrington's fluid (bichloride of mercury 1.5 Gm., acid hyd. chlor., 100 c.c., glycerine, 100 c.c., alcohol, 1.200 c.c., aqua 2000) to sterilize the outsides, and so can be handled by the sterile nurse.

The room can easily be "set up" in twenty minutes by one nurse, the number of cases to follow making no difference. Her hands are sterilized by scrubbing with green soap and brush for five minutes, nails cleaned, hands scrubbed again for two minutes, rinsed with alcohol and ether, and soaked in bichloride 1:1000 for three minutes.

The furniture to be used is washed off with bichloride. She then puts on gloves and places dry sterile covers on the tables, making the simplest possible draping; those on the instrument table being changed for each case.

The suture materials are placed on one table and covered with a bichloride towel and so, with the aid of sterile forceps, can be handled without unsterilizing them.

Iron rings which have been boiled with the basins are placed in sockets fitted to tables or wall. In these are set the basins for hand douches, which are filled directly from the sterile water-tanks (the taps being handled with bichloride towels); to these are added saline and antiseptics as desired. The sodium chloride for making hand douches and irrigations is made up in 10 per cent. solution and put in pint bottles, which are covered and sterilized, so that the bottles may be handled by the sterile nurse, who in this way can make up and change the basins without assistance, one ounce of the solution to one pint of water making approximately a normal saline; this we use for everything except infusions.

The antiseptic solutions, such as bichloride 1-8, are kept in large glass bottles, fitted with stop-cocks which can be manipulated with the foot.

The gloves are packed and sterilized in the same kind of drums and are taken directly from the drums when needed, the hands, of course, being scrubbed up before going into the glove boxes. Gauntlets for the arms and powder are also kept in the glove boxes.

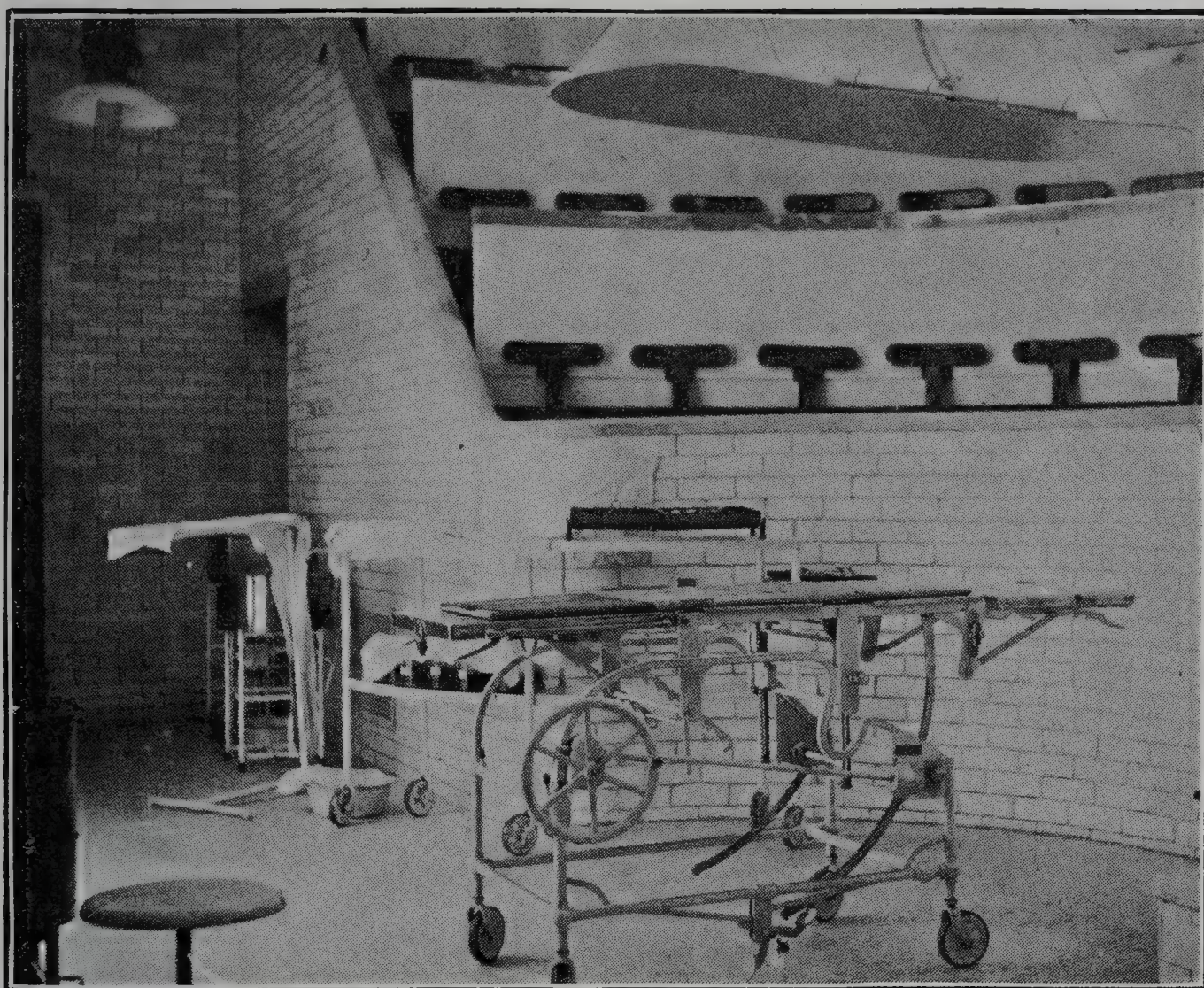
This constitutes practically all the preliminary preparation necessary.

The work during operations is arranged for three nurses.

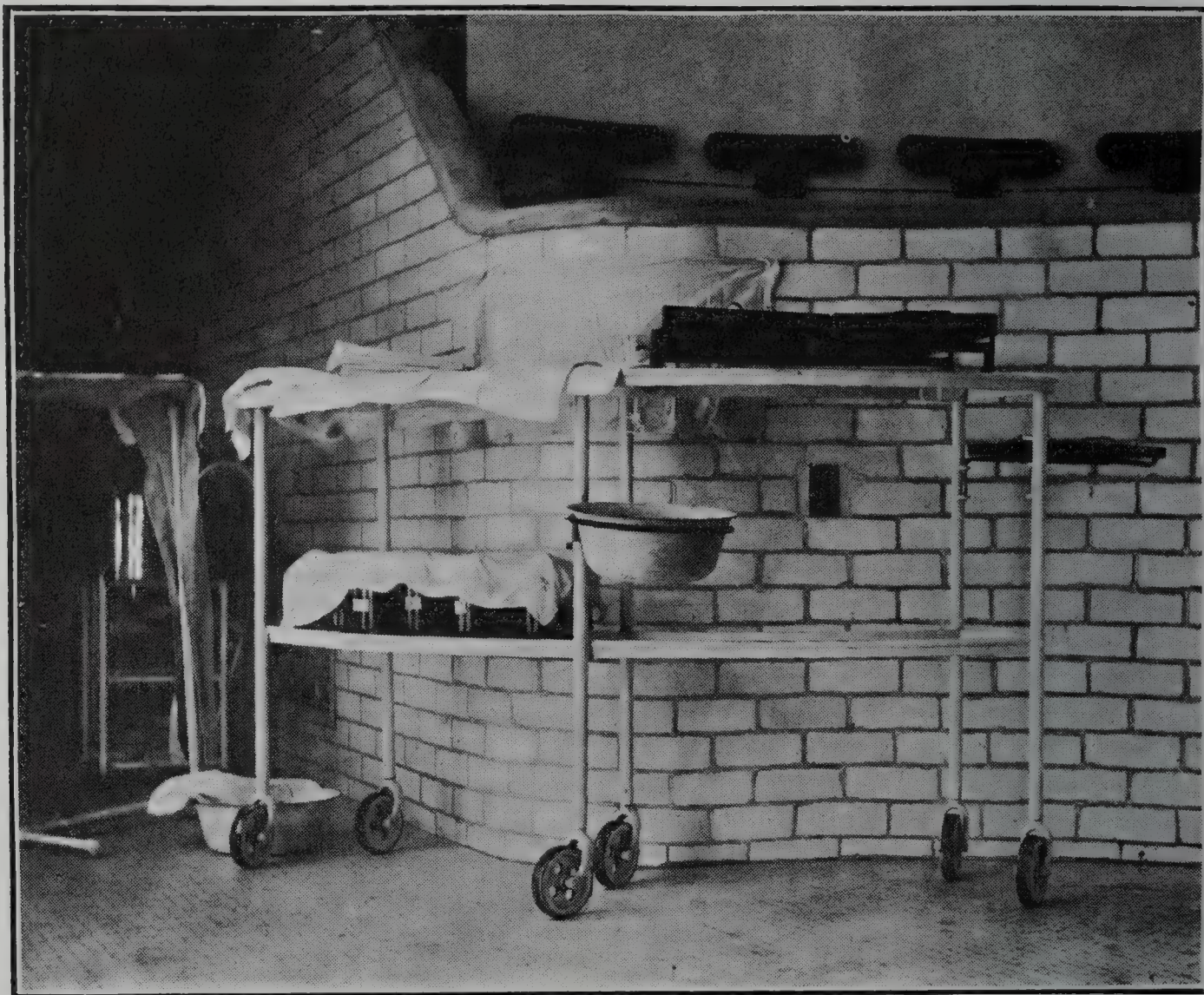
The nurse in charge who "runs" the room and keeps it clean, a senior, and a junior nurse. The duties of each are as follows:

The nurse running the room drapes and assists in scrubbing up the cases. (The patients are anæsthetized on the tables, two tables being used alternately). The scrubbing up and draping are done in the etherizing room, and in this way each succeeding case may be prepared while the one previous is being finished. Thus we do away with any delay between cases.

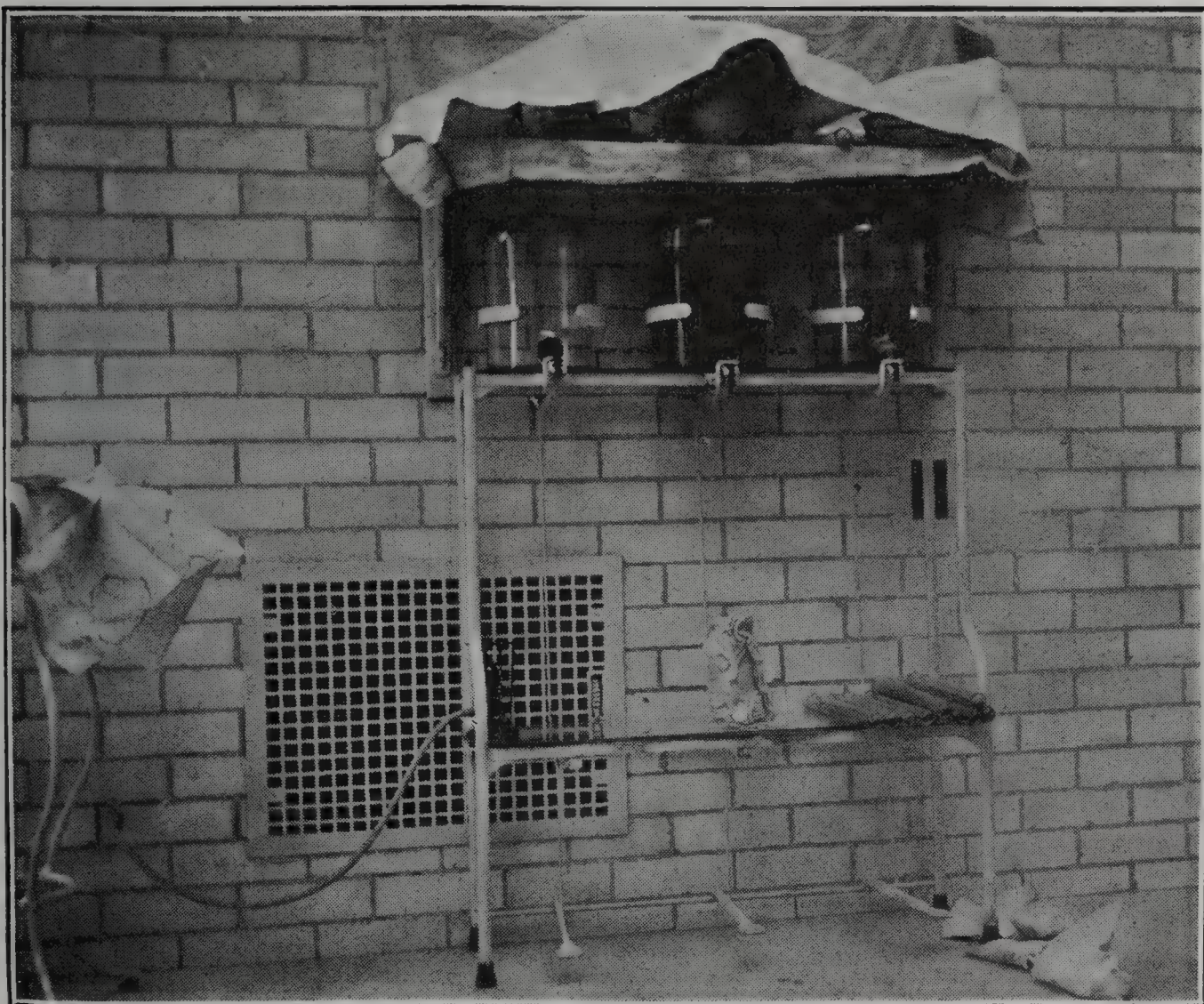
The table is then wheeled into the operating room. The stand from



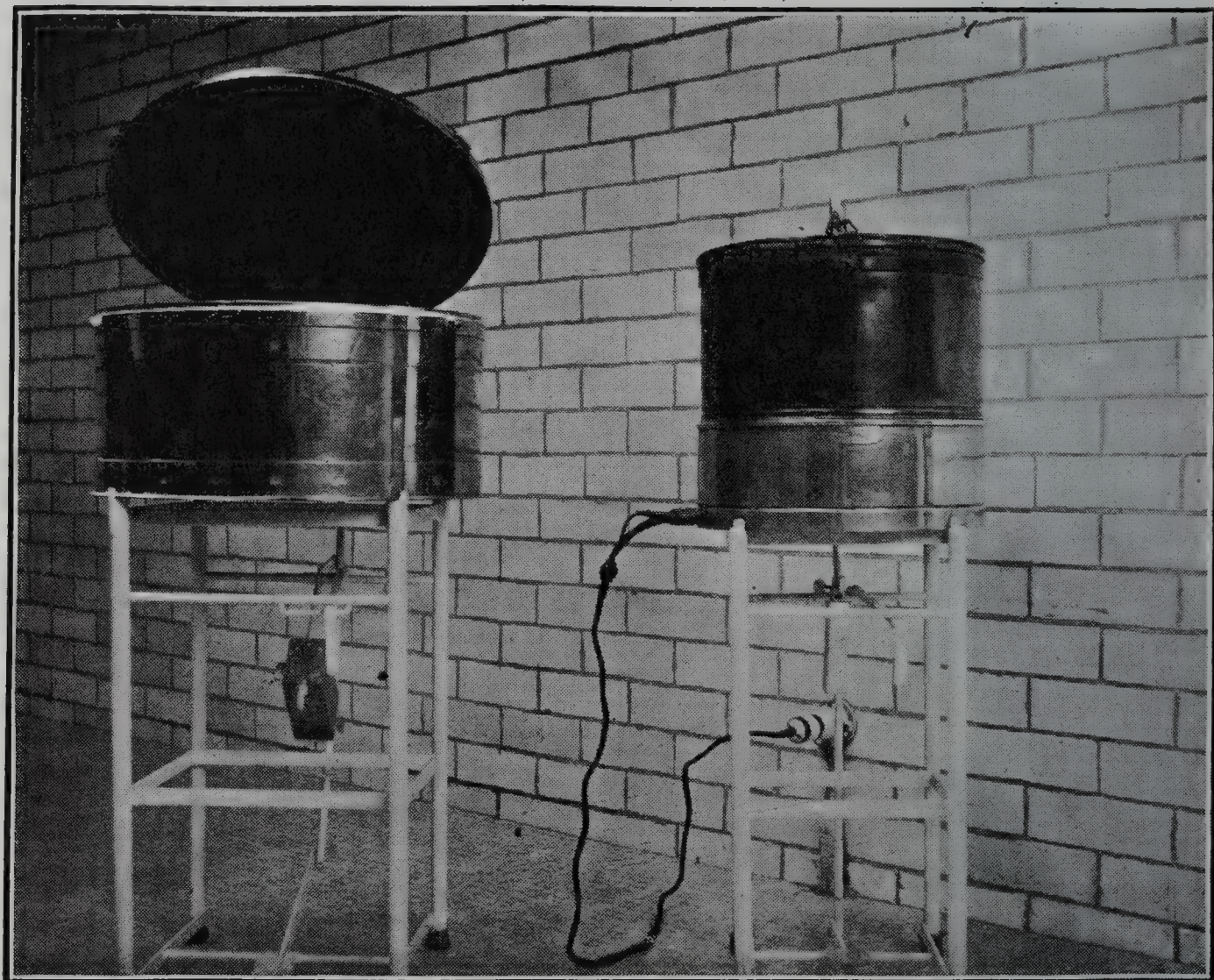
THE OPERATING TABLE.



A MOVABLE STAND.



BOTTLES OF SOLUTION WITH FOOT TAPS.



DRESSINGS AND HOT TOWEL DRUMS.

which the instruments are handed is placed across the operating table. Sponges and wipes are taken from the drum with forceps and placed on this stand, a few at a time; these are kept supplied by the clean nurse, as are also pads and hot towels when needed. The same nurse gives hypodermics when required; syringes and needles are kept in carbolic solutions and so may be handled with sterile hands. The senior and junior nurses retract, if needed. When a change of towels is indicated, the soiled ones are removed by the assisting nurses, and the clean ones put in place by the clean nurse. The hand douches and irrigations are kept changed and hot by her. The dressings are taken from the drum when needed.

While the suturing is being done, the instrument trays are placed in the instrument boiler by the senior nurse; bloody instruments are taken to the sink and scrubbed, and returned to the boiler. The basins are emptied; if contaminated, are put in basin boiler; if clean, are immersed in bichloride tub. The nurse then changes her gloves and gauntlets, puts fresh towels and covers on tables, gets out the fresh hand douches, and is ready to assist with draping and bringing in the next case.

The junior nurse puts on the strapping, assists the house surgeon to adjust binders or bandages. With the help of an orderly, she wheels the table into the etherizing room, where the patient is placed on the stretcher to be taken back to the ward; in this way stretchers and blankets do not have to be brought into the operating room. A nurse from the ward comes to the operating room to watch the patient after the anæsthetist leaves to start the next case.

Gowns are not changed between cases, but sterile bibs are tied over the front of gowns, if necessary, after dirty cases. Our routine is to operate as far as possible on clean cases first.

Three nurses at a time are being trained, a new one going to the operating room every two weeks, and remaining usually for six weeks. The routine work is apportioned to them.

After operations the senior nurse cleans and puts away the instruments. The junior nurse packs and sterilizes the dressing drums, and washes and boils the gloves. These are boiled fifteen minutes, dried and powdered, and put in separate muslin cases, ready for packing in the drums for sterilization. Needles are also sterilized in this way, being first arranged in a folded towel for convenience of handling; they are kept in much better condition by this manner of sterilization than when boiled more often.

The third nurse does the general cleaning up and putting in order

of the room. In this way nothing is left for the following day, so the operating room is just as much in readiness for use at one time as another. The only work to be done in the morning being the general daily dusting and the mending of gloves.

Dressing and operating-room supplies are made by probationers and convalescent patients in the wards.

HOW TO CARE FOR CONVALESCENT CHILDREN

By SUSAN BARD JOHNSON

Graduate of The Children's Hospital, Boston

CHILDREN are my specialty and I have never had the least difficulty in keeping them contented during convalescence—yet when asked how I amused them I felt perplexed.

After a little thought, I decided that I did not amuse them. The word amusement has an unpleasant connotation. It somehow suggests a stimulus provided to gratify a craving restlessness. About the last thing that a sensitive child needs is amusement.

I do make my children happy and I will try to tell you how I do it.

The first thing that is necessary for happiness is atmosphere. A child is not happy in a warm, close, fussy, fretty atmosphere. The kind of atmosphere in which a child will blossom into happiness, as a flower does in the sunshine, is secured by fresh air, cheerfulness, and serenity.

The windows in the child's room should be open night and day—except when he is being bathed. The child is in bed, with his legs tucked up warm, and a light flannel jacket protects the chest and arms. The fresh air is life-giving and he must have it.

Cheerfulness can be had in a sunny room with simple adornments, a few pretty, colored pictures and some flowers—a multitude of toys or ornaments are unrestful. The nurse can tactfully put away a few each time she dusts, until she has reduced the room to simplicity. A given child may not care directly for flowers, still a bunch of daisies or carnations adds to the pleasantness of the room, and so acts indirectly upon the sensitive little one.

What is necessary for serenity is a manner absolutely unhurried, perfectly gentle—yet firm, and unvaryingly cheerful. To be unhurried is the chief essential—more influence can be gained by that than any one dreams of.

Another requisite in behalf of serenity is not to have more than one or two people in the room at a time—one is better than two. Two

or three people talking at the child, or about the child, or over the child's head, are a tax on the fragile strength we are trying to restore. Moreover, people always "feel a draught" and want to shut the window.

Having achieved atmosphere, the next thing is to make all the necessary happenings of the day as pleasant as possible. The morning wash may be both comfortable and pleasant; especially if, while giving it, one repeats the rhyme:

"Dippety dash! Dippety dash!
Wash his face with a merry splash.
Polish it well with the towel fine.
Oh how his eyes and his cheeks will shine.
Dippety dash! Dippety dash!"

Brushing the teeth may be both interesting and important since "One must take very good care of them to make them last until one is as old as father"; and a child can be taught such things without being made in the least hypochondriacal. The fingers and toes may frequently be the pigs that went to market and that now need their faces washed.

Meals can also be made a source of pleasure. When I can manage it, I always cook the child's food myself. Then I know it is well cooked and not over-sweetened; and, beside, it is possible, when one prepares them oneself, to have much more varied meals and to serve unaccustomed, simple things that give much pleasure.

Just as a child likes to have the phrases of a story repeated in the same form and order, so he likes to have all the little acts of the daily drama done at the same time and in the same way. "Don't forget prayers," the children at the Convalescent Home used to remind me, as prayer time drew near. Baths and meals and naps¹ and prayers and the tidying of the toys may all become, like the oft-repeated phrases of a beloved tale, pleasant way marks in the story of a happy day.

After the child is bathed and fed and provided with a pencil and paper, or some pictures to cut out with blunt-pointed scissors, I turn to the general tidying—in which the child takes an active interest. "What are you going to do now?" he asks. I reply: "I am going to dust every single thing on this bureau." "And what are you going to do now?" "I am going to put fresh water in the flowers, they are thirsty." "And now I am going to tidy the bath-room; and, if you don't interrupt me, I will be back very soon."

¹ A nap is indispensable in the routine of the convalescent child.

I don't one bit approve of some one—even the nurse—sitting beside the child all the while. A child who is always talking or being talked to, has no time to think and cannot develop the capacity of being happy by himself.

When the tidying is done, I sit down by the bed with some work of my own and the child shows me what he has accomplished and I suggest something different for him to do. It is natural for a child to be occupied when he is awake, but his attention flags and wearies if kept too long on one thing. Looking at picture books, dressing dolls, cutting out paper dolls, drawing pictures, stringing beads or chestnuts, cutting white paper into fancy designs, are all satisfactory occupations for little folk. Sometimes I make for them out of white paper, chickens, canoes, boats, Jacob's ladders. They enjoy much more something simple that they can imitate themselves, than something elaborate which is too difficult for them to copy.

If I think the little hands are really tired, I say: "Now lie back on your pillows and I will tell you a story." The story is either some sweet, old-fashioned rhyme or a fairy tale with the rhythmical reiterations that children love, such as "The Ginger-bread Boy," "The Little Red Hen," "Medio Polito," or "The Princess and the Frog."

All children are pleased at having learned something; and one can teach them in play simple rhymes, by having them repeat the lines after one's self once or twice a day. I have taught more children than I can remember—

"The stars from the blue sky looked down where he lay,
The little Lord Jesus asleep on the hay,
Away in a manger, no crib for his bed,
The Little Lord Jesus lay down his sweet head."

and

"Little drops of water,
Little grains of sand,
Make the mighty ocean
And the pleasant land.

"Little deeds of kindness,
Little words of love,
Make this earth an Eden
Like the Heaven above."

another favorite is:

"A child should always say what's true,
And speak when he is spoken to.
And behave mannerly at table,
At least as far as he is able."¹

¹ R. L. Stevenson.

A child is happier for learning to take pleasure in things outside of himself and his possessions; so I teach him to say good-night to the flowers and the stars and the Lady Moon, and we laugh at Mr. Wind when he blows over our toys.

I always treat the child with courtesy and respect. This surprises him and pleases him very much. If a youngster calls me away from my dinner for nothing in particular, I don't reprove him, but gravely ask him if he will excuse me until I have finished; and he assents with bewildered graciousness. I am just as careful to say "please" and "thank you" to him as I would be with a grown person. He likes it, and, if I have him long enough, he responds with the pretty courtesy of speech which adds so much grace to daily relationships.

When I am on duty, I keep the reins of control pretty closely in my own hands; but I try to go off for two hours every day. This gives the mother her opportunity, for it is generally hard for her to give up her little one to another. Also it gives the child a definite pleasure to look forward to; and it gives me the rest and refreshment which I make over, indirectly, to him.

I am very sparing of caresses—barring the nap-time and bed-time kiss. My motive is to manage the child rationally rather than emotionally. But justice and gentleness always win affection; and I know of nothing sweeter than the little, encircling arms and the warm, unsolicited, baby kisses.

A quaint youngster, whom I cared for recently, said to the doctor: "Before the nurse came mother didn't know what to do. She just sat around and read; but Nursie has something to do all the while." I think that is probably the key to the situation. Fill the day with happy duties and leave the amusement to Mother's hour.

Yes, we have been very happy together, my children and I. Indeed I think happiness is the portion of the nurse who wisely cherishes her children.

HINTS AGAINST SEA-SICKNESS

By ANNE E. PERKINS, M.D.

FORMERLY a sufferer, I have learned by considerable experience how to avoid the agonies of sea-sickness. And yet, no universal panacea has been discovered among the countless remedies put forward from time to time—just rational preparation and common-sense methods of living and eating while on board. Before undertaking a sea-trip, if at all subject to sea-sickness, take a mild saline laxative every morning for a week before sailing, and eat with discretion, avoiding pastry and fried food, getting the full amount of sleep, and endeavor to go on board with a serene mind instead of in a frenzied rush to get last things done. Too many come on board tired, worn out from lack of sleep, hurry in packing, etc., or already upset from farewell suppers and parties. Others, accustomed to very plain fare, when confronted with the richness and variety of the menu of a first-class ship, eat too much or the wrong things, either because they lack the proper restraint or feel they must get their money's worth. Some bring on board pounds of candy given them by their friends or bought for the voyage, and at once begin on it. They would better thrust it in the remotest corner of a steamer-trunk.

The outside state-room pays, for it is as often the vile air that makes people sick as it is a rough sea. Think of sleeping alone, to say nothing of with one or more companions, in a windowless closet at home! That is what the inside state-room is, plus the odor of bilge-water and stale paint. Is it any wonder that people are ill in such small, badly-ventilated holes? Better take an outside room and go second class on a large boat, than to go first in an inside one. If a room-mate is ill, persuade her to be taken on deck instead of languishing in a vitiated atmosphere. If unable to eat at table, have meals on deck, even if lying flat on a cot.

All the clothing for the voyage should be made so simply that it can be donned or fastened quickly, for to many, that half-hour of dressing is the Waterloo, no matter how well they feel on rising. A cool plunge in the morning on rising enables one to get up energy to reach open air on deck. Sometimes when one turns livid at the sight of food and leaves the table hastily, a fair meal can be eaten on deck. Watching the water from bow or stern is very fascinating, but these parts of the

boat should be avoided unless sure of one's self, as the motion is felt much worse there; for this same reason a state-room should be chosen near the middle of the boat.

Avoid any scented soaps, perfumes, etc., for often an odor in the stateroom is the last straw, whether agreeable or not.

An old German captain told me on my first voyage these simple rules which have been invaluable to me. If sick on board, avoid coffee and all liquids except a light sour, white wine: make yourself eat hard water crackers and crisp hot bacon. Do not let your stomach remain empty: eat on deck, lying flat if necessary, chewing slowly.

Vomiting brings immediate relief and if nauseated do not lie quiescent fearing to move, but have it over quickly. Do not crumple up in your berth in a wretched heap without undressing and refuse to be touched, but be carried on deck if necessary and the air will revive a very hopeless individual.

PERNICIOUS ANÆMIA

BY J. ALICE GERRISH, R.N.

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ANÆMIA, which is both progressive and pernicious, may be due to intestinal parasites or hemorrhage or many other different causes; but the progressive pernicious anæmia we have to treat with is not a complication or resulting condition of any other affection, but is a disease with very marked features whose source is still obscure. It is thought by some to be due to a toxin in the blood, which causes hæmolysis or destruction of the red corpuscles of the blood. There is a gradual diminution in the number of red corpuscles with a higher percentage of hæmoglobin in proportion to the number, which latter fact is characteristic of pernicious anæmia, distinguishing it from other kinds of anæmia.

Pernicious anæmia is not confined to any one class of people or nationality, but occurs in widely different conditions and countries. It is found most frequently among persons past middle age, and more often in men than women.

The progress of the disease is intermittent, there being periods of improvement followed by relapse. The duration of these periods may be weeks or months and sometimes years. The onset of the disease is very gradual and is usually well developed before the patient realizes the seriousness of his condition. There may have been some emotional

shock or severe mental strain, but more often there is a history of gradually failing strength, indisposition to exertion of any kind, with probably mental depression. Weeks or months pass and to the languor are added nausea, loss of appetite, gastric and intestinal disturbances, and possibly diarrhoea. There is shortness of breath on exertion, palpitation, throbbing in the ears, great irritability and restlessness. There is seldom loss of weight, rather a tendency to put on flesh. A slight œdema sometimes occurs in the legs and ankles, and a numb or tingling feeling in the extremities, and, in some cases, paraplegia. The skin becomes very pale or of a faint lemon yellow.

There may be fever during the severe stages, but it is never very high. The pulse is usually more rapid than normal and of a soft and easily compressible consistency. It is frequently irregular and jerky. The total quantity of blood is markedly diminished and its condition is very much changed, the red corpuscle count sometimes falling below one million per cubic millimeter. This count fluctuates with the remissions of the disease. With the diminution of red corpuscles, the percentage of hæmoglobin mounts higher in proportion to the count, thus highly coloring the blood. The number of leucocytes remains about the same. An excess of free iron is usually found in the blood. There is a tendency to hemorrhage: petechial hemorrhages often occurring.

The quantity of urine remains about normal but of low specific gravity and pale in color. Albumin is often found.

Complaint of sore mouth and indigestion are not infrequent. Hydrochloric acid and the digestive ferments are very much diminished, and hydrochloric acid is often entirely absent.

There is more or less atrophy of the gastric and intestinal mucosa. There may be an incessant diarrhoea and again a continued constipation persists and in still other cases the attacks of diarrhoea alternate with constipation.

The prognosis of pernicious anæmia is not favorable. Permanent recoveries are rare. The patient may become very much improved only to succumb in a final relapse. In the usual course of the disease there are varied periods of improvement and relapse, but the patient grows gradually weaker, unconsciousness ensues, and the patient often expires in coma.

As to treatment, the patient should take absolute rest, both mental and physical, have plenty of fresh air, and eat plenty of good wholesome food. If there seems to be difficulty in digesting the food, peptonized and predigested preparations may be found of benefit. Light meals, given often, are most easily digested. Bone-marrow and beef juice have

been used by some with success. As there is often complaint of sore mouth especial care should be given the teeth and mouth.

Arsenic is sometimes ordered in the form of Fowler's solution, beginning with three minims three times a day and gradually increasing the dose, watching closely for toxic symptoms. Arsenic in the form of sodium-cacodylate is sometimes given deep in the tissues hypodermically. Iron is occasionally found beneficial.

CENTRAL DIRECTORIES—THEIR VALUE TO THE PHYSICIAN*

By SEYMOUR HOUGHTON, M.D.

THIS subject is of much importance to the welfare of the trained nurse, to say nothing of what it means to the physician, into whose work the trained nurse has so thoroughly entered that she has actually created a condition where he can no longer get on without her assistance and help. All, therefore, that goes to the development of a better nurse, to a better woman, all that goes to creating more efficiency, more actual ability, more tact, to developing all those wonderful qualities which I am pleased to admit only a woman possesses, all of these, and more, it is to the vital interest of the physician, even though from the most selfish of motives, to cultivate and to promote. Your purpose as I understand it, is the establishment of a central bureau or registry; one of the features of which will be to facilitate the efforts of each physician to secure, with promptness and ease, any one of those nurses whom he knows and whom he wishes to send to his patient.

This proposition is naturally the one *raison d'état* of any plan of organization. Everything else must be corollary and subordinate. The whole purpose of nursing is to nurse, is to obtain the opportunity to practise, and when this is accomplished by bringing into play the great engine of organization, then there follows and must follow everything that has for its object the comfort and happiness of the nurse herself. Would a central bureau make it easier for a given nurse to be reached by a given physician? This is the crux of the whole situation. As matters stand at present the conditions are about as follows:

1. Separate registries, where, say, Miss Jones has a house or series

* Address delivered before the New York County Nurses' Association, April 5th

of houses, and within which are a limited number of nurses, to which there may be added an additional number who do not reside within that registry, but who are on the list to be summoned when needed. The superintendent of this registry makes it her object either to furnish a nurse asked for or, if this is not possible, to supply one for whom she can personally vouch. Of these registries there are many of most excellent standing, and which can be depended upon to render most efficient service. This system is probably the best and most practicable of all the methods for physicians in securing nurses for their patients.

2. Associations of nurses themselves. This is usually in the form of several nurses, personal friends, clubbing together in an apartment, with a private telephone and, perhaps, a housekeeper or maid to be constantly ready to receive messages.

3. Registration with the hospitals of graduation, so that the superintendent of the hospital has at her disposal a list of graduate nurses upon whom she may call in response to a message sent to the hospital either for private duty in the hospital, or special duty outside.

4. The lone hand system where a nurse may room with her family, by herself, or with a friend, and depend upon the telephone either of the janitor, or a friendly druggist or neighbor. Naturally this is fatal, and the poorest of all methods of awaiting calls to duty. All of these systems require both that the doctor should receive stated visits of nurses disengaged, and also that he should keep a list of nurses, either as a list or a set of visiting cards, containing the addresses of those he wishes to send for.

Now the situation as it has come to be in these days is this: The physician is at the patient's bedside. The question of a nurse comes up, and in the majority of cases requires, for the satisfaction and comfort of all concerned, immediate settlement. In his mind, the proper nurse, one whom he knows will fit this case admirably, comes before him. Of course, I appreciate that the careful systematic man, liable to adjust this situation, will have in his note-book a tabulated list of nurses with their street and telephone addresses, or he may do as one I saw recently, take out from his pocket a large pack of visiting cards, and rejoice that the name of the nurse he wished was among them. But not all of us, probably, are systematic, and it certainly is one of those straw-on-the-camel's-back efforts which often results in a nurse being secured, but not the one originally preferred if waiting until a convenient season is depended upon. This sounds like the plea of a lazy man, but back of it I believe there to be sound philosophy. The philosophy of that careful, pre-arranged, systematic order which you

wish to see,—the same precision of detail which not only makes but is a most essential part of any great organization. One of the wonders of modern times is the precision and order of great corporations, the guiding mind of which is a greater one and with greater responsibilities than the crowned heads of many kingdoms. He is there not by any divine right, but because of recognition of a master hand, and the assertion of itself of a master mind. I shall never forget an after-dinner half-hour in a modest little smoking-den, listening to a small-sized, quiet man, asking simple questions, and discussing ordinary matters. It seemed to me hard to fully realize that in this almost, I might say, insignificant looking little man, smoking his cigar before the grate-fire, I was talking with one of the greatest geniuses of modern times.

There are many such, but I am sure that when the history of this man is written, there will be no more wonderful record of stupendous accomplishments, approaching almost the magic of the uncanny, than the life of E. H. Harriman.

I think of this incident because I think of what organization, the thorough kind, that goes down to the smallest detail, will do.

Is it a lazy man's plea that some one should bring genius to bear to systematize, and to bring into order one of the great institutions of this day? The guild of the trained nurse is a great institution. It is an instrument of medicine and surgery, so vital that there is no medicine or surgery without it. The very fact that there are to-day so many excellently organized registries points to the recognition of the necessity for order and system. As I see it now, the individual system is orderly, the whole, taken together, is disorderly, unarranged, disconnected. There is no harmony between the orderly units, no centrality, and just to the extent that this lack of system prevails over the whole body of nurses, just to this extent does the penalty of something undone visit the individual, to be doctor or nurse. Perhaps the conditions of this city would not permit a Harriman to arise and bring this great system to order. Perhaps also a Harriman is not required. Possibly all that is needful is, on the one hand, an originating, planning hand, on the other hand, a sympathetic, understanding community, one which, given the plans, will be quick to adopt them.

Now I have spoken of the lazy man, I do not deny that I am one of them. But the man is not lazy who, sitting at his desk, can by touching a button put himself in touch with the smallest detail of that button's department. He could, of course, go up several flights and personally inspect that department, but then to what purpose is his elaborate development of order and system which means business success?

Is the doctor reaching over from the bedside to the telephone, a lazy man? Is it not rather the mark of genius that the click of that receiver opens up the whole carefully organized system, by which and through which the pressing need of the moment is met?

I believe that the day is coming when this dream will be a reality. Just in what form this idea of centralization is to work out is the problem before you. There has been suggested the Central Club.

There is something about the idea of a club which appeals greatly to me. It is the idea of gregariousness against the solitary, the opportunity to meet and rub elbows, the sense of unity of purpose and aim, the stimulus of being among your friends, the sense of having been passed upon by your friends, and accepted.

Club life represents a community of ideas and ideals, and I can imagine no body of people whose lives present more in common than trained nurses. We all understand what the trained nurse is. The career of nursing is one of the few open to women who can pursue it with dignity and self-respect. Fortunately, being practically one of the learned professions, it is limited to those who are fitted for it, to a certain degree by birth, and wholly by taste and education. The fact that nursing has been taken from the hands of common servants, and placed in those of women who are cultured and refined, has changed the whole attitude of the medical world toward the art of nursing and those who practise it. The women who make up the body of trained nurses would seem, therefore, to have, in common with other professions, so many interests alike, that I am forced to the conclusion that the spirit of club life would have in it every element of social uplift, would give that which makes life worth living, and would be of unlimited value in making a common ground of thought and interest, the very features, in fact, which make the club so large and important a feature in the life of the masculine part of the community. Of course it would be Utopian to conceive of all nurses belonging to one great club. The very idea of a club presupposes a certain degree of exclusiveness, and wholly a degree of selection, but here again comes a problem to be worked out. Moreover club membership suggests something else, dues and house charges. This brings up the resources of the average nurse, the means at her command to entertain any such project. To the ordinary patient a nurse looks like a well-paid person. She earns from twenty-five to thirty dollars a week, say a maximum of fifteen hundred dollars a year. This is about the annual income of the ordinary chauffeur, a man who, from knowing practically nothing about it, may fit himself, to his own satisfaction, in a week or month, with the payment of a

couple of dollars for a license, to take charge of the lives of a family and be the lord and master of property valued in the thousands, and with this difference—that he has continuous employment, if he keeps anywhere within the bounds of a long-suffering employer, the year round, while the nurse is fortunate if she finds occupation for three-quarters of that period. Probably half a year steady work is nearer the truth. Her annual income is, therefore, probably nearer eight hundred or a thousand than fifteen hundred, and this to live on, in this city, is something the average woman is more able to comprehend than the average man, except possibly those average men who have average women in their households. Be this as it may, the fact remains that any large outlay for anything in the nature of club life, presents another large problem for proper solution. However, I believe that in the fundamental idea of a central bureau system, having as its basis the club idea, you have struck the right chord, and it is to be hoped that the suggestion having been made, it may have the lasting and beneficent results so necessary both to the trained nurse and to the physician.

I have said to the trained nurse and to the physician, I will now take the liberty of reversing that order and say a final word as to the physician and the trained nurse, particularly, as to the duties or relations the one to the other. I fully appreciate that what a nurse should and should not do, has been thoroughly drubbed into her as a part of her graduation delights and privileges, but perhaps a few observations as the result of twenty years of observation, may be interesting if not of value. It is certainly a fact which both doctor and nurse quickly discover—that their success depends upon some things which the books and the schools do not teach. I refer to personality and tact. To be deficient in these, is to be lost before the battle begins,—on the other hand, to possess these qualities, is to win the fight almost without fighting. Both physician and nurse must have these qualities and cultivate them, with this difference that the physician must practise them, and have them, and act from them, part of the time with many families, while the nurse must practise them all the time with one family, with the doctor included.

I have reduced this situation to a little private formula which from my experience, covers the whole ground. It is this, that the nurse who pleases first the cook, second the patient, and third the doctor, this nurse has solved the problem. To what avail is all her skill and learning, if all the servants in the household are up in arms because of this new and unexpected source of labor on their part? They are but human and to have to obey orders from this new mistress for the

time being, as to answering bells, removing trays, and what not, is something in the domestic entourage which has to be handled with as much caution as a stick of dynamite. How long will she stay in a household if she jars on the patient, interprets the courtesy of the family toward her as a license to consider herself as a member of the household, and join in familiarly in matters not pertaining to her patient? And when next, if you please, will she hear from that doctor, when he is asked if it would not be a good idea to have the baby see Dr. X whom the nurse considers quite wonderful, or take this medicine which the nurse considers very splendid in these particular cases? Like the maid servants, the doctors have their little weaknesses. I once heard it cynically expressed that if you want to please him, feed the brute. The nurse who knows her doctor, knows how to please him without feeding. She knows how to make her little suggestions, give him the little inside facts, bring out her little hobbies, and gain all her little legitimate ends, and thus make him feel that she is a real and a valuable aid to him in trying situations.

She knows how to do all this when she has within her that pearl among the jewels—tact,—without it,—may her soul rest in peace.

ETIOLOGY OF GONORRHOEA *

By ALICE C. BEATLE, R.N.

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It is a note-worthy observation that gonorrhœa, which gives rise to the most grave of gynecologic diseases, was almost entirely neglected until recently, yet knowledge of the disease is said to be several thousand years old, dating back as far as the writings of Moses.

Gonorrhœa is an infectious, progressive, catarrhal disease of the mucous membrane, produced by the germ gonococcus, and it is said by some authorities to occasion pathological conditions and physical disturbances which surpass in seriousness any other condition which the gynecologists are called upon to treat.

The germ gonococcus was discovered in 1879 by Dr. Neisser, although the real significance of the disease, both medical and social, began to be recognized in 1872 with the publication of the views of Dr. Emil Noeygerath. Under the microscope the gonococcus is distinctly seen by

* Read before the Alumnae Association of the Illinois Training School, Chicago, May, 1910.

staining. It is a relatively large micrococcus, appearing as a diplococcus. Each half of the diplococcus is kidney-shaped, the flat surfaces applied to each other.

As the gonococcus is difficult to cultivate on artificial media, human blood serum is the best, at body temperature, although it will withstand for a short time, higher or lower temperature.

The gonococcus is sensitive to a condition of dryness, after a few hours the germ grows sparingly and after twenty-four hours it will scarcely grow at all.

The extent of gonorrhœa is not limited to accessible mucous membrane, but it attacks serosa, synovia, endocardia, and connective tissue. The stage of incubation varies from two to fourteen days, the average being five days. The infection in women may travel from the vulva through the vagina to the cervix, and from there extend over the endometrium and through the oviduct to the peritoneum.

The method of acquiring gonorrhœa is, in the large majority of cases, from sexual intercourse. Since the gonococcus lives a considerable time in a moist state, the disease may be communicated by moist linen, which nurses are obliged to handle in homes and hospitals. Public toilets are also a source of danger. Dr. Robinson states that while he has not investigated gonorrhœa in relation to the mucous membrane of the mouth, yet he sees no reason why it may not occur in that locality. If this be true, then the public drinking cup, which has been so much discussed, should be considered more dangerous than ever. It is not necessary to state to an audience of nurses that the utmost care should be used in cleansing bed pans, douche pans, and bath tubs. If mothers are brought to realize the great danger which surrounds their sons and daughters, it will not be long until they will have joined forces to help exterminate the black plague as it has been termed.

Saddest of all, and the thing to be most deplored, is that the dread disease is making hundreds of wives childless, rendering them sterile, taking away from them the privileges of motherhood.

It is time the public was aware of the real significance of the disease when every year it renders hundreds of babies blind, and is taking away the rights of motherhood, for, as the Talmud most beautifully puts it, "God could not be everywhere so he made mothers."¹

¹ In gathering material for this paper I have quoted largely from Dr. Byron Robinson.

THE FIRELESS COOKER

By ANNA B. HAMMAN

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It is a long distance from the patented fireless cooker of the shops, with all the latest devices, to one constructed in a washstand drawer out of some excelsior that came packed about the dishes and some pieces of denim that happened to be in the house. But these two cookers and all their many cousins, home-made or factory-made, depend upon the same principle for their effectiveness. The material to be cooked is heated thoroughly in the ordinary way over the fire, then covered closely and put into a tight box packed with some non-conducting material through which the heat passes very slowly. While the heat is thus retained, it does the cooking.

Fireless cookers on the market are of two sorts. The first kind consists of a box containing one, two, or more compartments for kettles. The kettles fit closely in the compartments and have tight-fitting covers. The space between the compartments and the outside box is filled, usually, with mineral wool, an excellent non-conductor of heat. In the latest and best cookers, the compartments are lined and the packing is covered in completely and permanently with metal, making the whole box clean and sanitary. The second kind differs from the first only in having radiators of soapstone or other material to fit underneath and over the top of each kettle. These radiators are heated in the oven or on top of the stove while the food is heating, and are put into the cooker hot when the food is put in.

In the first kind of cooker it is possible to cook only such food as would ordinarily be boiled, stewed, or steamed. In the second kind, with the heat from the radiators, it is possible to brown the food as we do in the processes of baking and roasting.

Home-made cookers resemble the first rather than the second kind of shop-made cookers. They will do excellent work if well-constructed and properly managed, they are inexpensive, and they can be made by any woman who can handle a needle and drive a nail, or get the ever-useful man to perform the latter service.

The first essential is a wooden box, which very likely can be bought from the grocer for a small sum, if the attic or cellar doesn't furnish one; 18 x 18 x 18 inches is a good size, 18 x 18 x 12 will do. The box must not be too small, or there will not be space enough for the kettle

and a sufficient amount of non-conducting material. The seams of the box must be tight, and it must have a close-fitting cover, which can be hinged at the back and fastened at the front with a screw hook and eye or other device to keep it tightly closed.

Paint or stain the box for the sake of appearance. This is better than to cover it with cloth of any kind which soon gets soiled and must be renewed. Line the box with several thicknesses of newspaper, which is a non-conductor. Make bags of unbleached muslin, one for the bottom, one for the top, and one long one to go around all four sides, or, if it is more convenient, one bag for each of the four sides. If you want two compartments, make a bag for the division. Fill the bags with excelsior or hay, whichever is easiest to get. If nice, clean hay is obtainable, it is excellent, and fits in about the kettles more closely than the excelsior. Some plumbers keep the mineral wool, and it can be purchased from them. It is rather irritating to the hands and makes cushions that are much heavier to handle, but it retains the heat better than the other substances. However, hay or excelsior make a sufficiently good box.

The next essential is a kettle or pail with a close-fitting cover. It is usually easier to find a pail that answers this description than a kettle. A two-quart granite pail will do nicely.

Suppose we want rolled oats for breakfast. We will let the cereal boil from five to ten minutes in the cooker pail over the fire, put on the cover, set the pail in our nest of cushions, fill in any spaces there may be between cushions and pail with crumpled newspapers, put on the top cushion, lay two or three folded newspapers over the cushion, close and fasten the box. This should be done quickly, so that no heat may be lost from the food. Then we can go to bed, and in the morning we shall have some thoroughly cooked oats ready for us. Whether the cereal will be hot enough to serve depends upon the thoroughness of the insulation. It may need re-heating.

Some things cook better if surrounded by hot water in the cooker. So it is a good idea to have two covered pails, one of which will fit inside the other, leaving room for boiling water in the outer pail.

The advantages of the fireless cooker are these: First, economy of fuel, time, and energy. Where the fuel used is gas, a considerable saving may be effected by a careful study of the fireless cooker and its possibilities. Foods which require long cooking can usually be prepared to advantage in the cooker. All breakfast cereals, macaroni, rice, dried beans and peas, dried fruits, steamed puddings and meat stews are among the dishes which can be prepared with a saving of fuel. Where a coal

range is used, the advantage of the cooker is felt chiefly in the summer, when, with the help of the cooker, the range fire may be allowed to go out early in the day.

The cooker saves time and energy because, after the food has been put into the box, it doesn't need watching. It can't burn, and there is not much danger of over-cooking. With most foods that one would cook in the hay box, a little extra time will not matter in the least.

The second advantage of the fireless is that many foods are more perfectly cooked at the low temperature maintained in the box than at the high temperature of ordinary cooking. Fine flavors which pass off in the steam by the usual process are retained. Undesirable flavors and odors developed by long boiling are avoided. The toughening of the proteid constituents of the food by high temperature is also avoided, while the long, slow cooking is thoroughly effective in softening and loosening the connective tissue and cellulose.

Any ingenious person will find something available for constructing a fireless cooker. A fibre water pail, with a wooden cover clamped on, makes a neat and convenient one-compartment cooker, which takes up very little room and can be moved about easily. A butter firkin is also good. The washstand mentioned in the first paragraph happens to be doing duty as a kitchen-cabinet in a light-housekeeping scheme, and one of its deep drawers is utilized for a cooker. One of the most satisfactory home-made cookers was built by lining the ice-compartment of an unused refrigerator with bags of fresh, sweet hay. This, in connection with a blue-flame oil stove, made the cooking easy at a little summer cottage. The memory still lingers of beets deliciously tender after four hours in the top of the ice-box, and of otherwise inedible pears reduced to a satisfying consistency by an over-night sojourn among the hay-bags.

One last possibility for the fireless cooker must be mentioned. That is a small trunk. That has only to be properly packed, and it is all ready to serve you as a cook stove.

Here are a few suggestions which will serve to start one in the ways of fireless cooking. They are given in small quantities for the benefit of those who are doing light housekeeping for two.

Macaroni. Two cups boiling water, $\frac{1}{2}$ teaspoon salt, $\frac{1}{4}$ cup macaroni, broken in half-inch pieces. Bring water to boiling point, drop in macaroni, season, and boil twenty minutes, lifting with a fork occasionally to prevent sticking. Leave in the cooker five hours, through the day or overnight, as convenient. Drain and serve with tomato sauce or grated cheese.

Prunes. One cup of prunes, $1\frac{1}{2}$ cups water, 2 tablespoons sugar. Wash prunes thoroughly, put over in cold water, add sugar, and bring slowly to boiling point. Put in cooker and leave over night.

Rice. One-third cup rice, $1\frac{1}{2}$ cups water, 1 tea-spoon salt. Look over and wash rice. Bring water to boiling point, add salt, drop in rice. Lift to prevent sticking. Boil ten minutes, leave in cooker three hours or longer.

Apricots. One cup apricots, 1 cup cold water, $\frac{1}{4}$ cup sugar. Wash apricots, put over in cold water with sugar, bring to boiling point. Leave in cooker over night.

Steamed pudding. Three-quarter tablespoon butter, 2 tablespoons molasses, 2 tablespoons milk, $\frac{1}{2}$ cup flour (scant), $\frac{1}{8}$ teaspoon each of soda, salt, cloves, nutmeg, 12 dates cut in pieces. Mix all the dry ingredients, add milk, molasses, and butter melted. Use two pails. Grease the smaller pail thoroughly and turn into it the pudding mixture. Cover and set in the larger pail which should contain boiling water. Boil one-half hour. Put in the cooker and leave through the day or over night.

Vegetable Stew. One potato, one carrot, one turnip, one small onion. After paring, cut the potato, carrot, and turnip into half-inch dice, and slice the onion. Put into pail, cover with water and bring to boiling point. Put into cooker and leave four hours. Thicken with browned flour, season with salt and butter, and serve.

For a meat stew, get a pound of shoulder of lamb cut up in small pieces. After wiping with a damp cloth, cover with boiling water, add half an onion, and let simmer forty-five minutes. Add salt and diced vegetables, carrots, turnips, and potatoes, cook five minutes more. Put in the cooker for the day, or night.

Any breakfast cereal may be prepared as usual, cooked five or ten minutes, and left in the cooker over night.

The time for leaving the various foods in the cooker has been, with the writer, largely a matter of convenience, depending upon business engagements. Things have been left in from morning until noon, from noon until night, from night until morning, as suited the circumstances. So the time given for that part of the process cannot be taken as a hard and fast rule. Further experiment might show that more or less time would be as well or better. But the results so far have seemed to show that the cooker adopts itself very kindly to business hours.

THE WORK OF A PROBATION OFFICER

By JESSIE M. KEYS

Graduate of St. Luke's Hospital, Chicago; Recently Chief Probation Officer
Juvenile Court, Columbus, Ohio

AT no time has the graduate nurse found so many fields of work open before her as at this present day. The public recognize that the nurse is, because of her practical training, well fitted to enter many fields of civic and social service and may become a tremendous force in the betterment of all forms of public service, including that great field of work heretofore entirely controlled by political use and misuse. The "mixing in political things" is a comparatively new thing for women, and I think I am correct in saying that women do not want to hold positions under political control, but that, for the common good, they must and do.

The day is coming when the pupil nurse will have not only classes in materia medica, surgical technic, hospital practice, hygiene, and dietetics, but will be instructed in current events, social progress, political reform, and civic responsibility. In this paper I shall confine myself to that phase of social work with which I have been identified.

I think this paper might be styled, "A little journey into the political world."

It was a journey of four years' duration—an interesting, fascinating, and satisfactory journey—though at times very discouraging. Let me say here that the discouragements were never because of the wards of the Court, but always because of the machinery of the Court. Going to Columbus, Ohio, as Chief Probation Officer of the Juvenile Court of Franklin County, I found the work little understood; it was considered by the public purely as a political situation. Though the Judge of the Court recognized it as a distinctive social work, he was not prepared to say how it should be done, or in what way the public should be led to know it as a form of social service. But he began by putting a woman in charge, recognizing that woman, as the natural parent of children, would best understand the child as a class. And it was done in opposition to all political and party sentiment. The work in Columbus was considered as an educational and formative movement, as all good social service must be, rather than as a reformatory method.

In such a Court we had three classes with which to deal: (1) The delinquent child; (2) the dependent, a neglected child; and (3) the

class known as adults, those persons who contribute to the dependency or delinquency of the minor.

And I assure you that in Ohio it is, to quote the Holy Bible, "Woe unto that man by whom the offense cometh," for in Ohio the law is very severe, and, in Columbus, is enforced by a Judge who knows no class distinction, who shows neither fear nor favor when it is a matter of punishing the adult wrong-doer.

The nurse's training is a most valuable asset in this Juvenile Court work, and still more valuable when enriched by a few years of visiting nursing.

You can easily see how the understanding of physical defects or conditions will help. Often to recognize the physical handicap is to know why the delinquency exists—and instead of trying to correct the delinquency (a result) we treat the cause of it. Physical conditions, however, are not always the cause of delinquency. Very far from it. In the greater number of cases the social condition is in need of attention and this is a far harder department to serve. Here the experience of the visiting nurse is absolutely invaluable. People may be good officers of the Court, having had no such training and experience in the homes of the people, but I insist that the public has a right to expect more good, thorough, scientific work from the women who have had such training. A practical knowledge of homes, home-making and keeping, neighborhood conditions, nationalities, class ignorance and prejudice, child and adult labor conditions, wage scales, state laws, and city ordinances is an absolutely necessary part of the equipment for persons who are employed in an investigation and analysis of the reasons for and causes of the conditions known as delinquency and dependency of minor children and their more delinquent parents.

Add to this equipment a personal acquaintance with the teacher of every child placed on probation, and a thorough knowledge and appreciation of all agencies existing for the improvement of social conditions. And here let me say that when there is an awakening of the social spirit in the police force (as there has been in a few isolated cases), then this country will have at work a most valuable service in the prevention of wrong, and in the education of the masses.

In the personal work among children I have found my study of physiology and of physiognomy to be valuable assets, as you can easily see they might be.

I will not go into the details of the responsibility of being chief probation officer of a Court handling 1515 cases before the bench in one year. Each case must be investigated before it comes to the Judge's

bench for hearing—the school record of the child known, the family record found, and proper witnesses secured, for you know that a Juvenile Court of to-day stands for the *defense* of the child, not for his prosecution.

And when the case has been heard and the child is placed on probation, then begins an educational system, not for the child alone, but for the entire family. People say, "What do you do with these bad boys?" In the first place *bad* boys are never placed on probation. Probation is a formative educational process whereby the child who has been misled is directed so that he may recover, by his own effort, his proper citizenship. And in answer to the question as to "what we do," I reply—that depends upon the boy, his mistake, his home and social conditions (or lack of them). The thing to do first is to encourage the boy, by fair and square treatment of him, and by honest, open communication, to realize that the Court has stood by him because it believes in the possibility of his finding his balance. We go slowly in our plan of *knowing things*—knowing all about the boy, his chums, his teachers, his personal habits, his natural tendencies, his physical and mental limitations; his parents: their past and present social and physical condition; the home: its condition and moral atmosphere. All these items are of service in helping us to help the boy to help himself, which, when everything is said and done, is the very soul of the entire Juvenile Court movement, as it indeed is of every other form of social service.

Now for a few stories as illustrating my previous statement: Charles, a boy of 15, brought into the Detention Home, charged by the police department with the theft of a bicycle,—in the presence of the policeman the boy denied all knowledge of the affair. I said nothing. I ordered a bath, a good supper, and a night's rest. When I visited him in his dormitory next morning I said to him, "Now, my boy, I have come to see how you slept; but after a while I am coming in to hear your story. While I am gone I want you to remember this, that the truth is the greatest power there is, that the truth is the only thing that sets people straight with themselves and with the world, and is the *only* thing that can, or ever has, set folks free. You and God are the only folks who know about this wheel affair. I want you to think that over honestly, to look the thing fair and square in the face, and when I come back, you will be able to tell me the whole truth." And that is what he did—told it all as a brave man would, though he realized that it must mean a sentence to the reform school for him and the workhouse for the man who got him to steal the wheels. When the case was heard, the adult, who had contributed to the boy's delinquency, was committed to the

workhouse, but the boy, greatly to his surprise, was given a suspended sentence and placed on probation. He has not grown any wings; he has had many temptations to repeat the offense, but under the guidance of an awakened mother, and with a knowledge of the Court's service and human interest in him and belief in him, he has come into a knowledge of his better self, and has in every sense of the word "made good."

The delinquent girl is one who requires the same sort of consideration, but we find that so many of these so-called delinquent girls are poor, neglected, un-mothered little things, like moths about a candle, looking for a good time. Many of these girls come from homes with crowded quarters, where no privacy can be obtained, where the parents are careless in their private lives. How can we expect the same code of ethics and moral living? We would better reform some tenement and housing conditions to get at the trouble first hand. You will best appreciate just this point when I tell you of one case brought before the Court, which involved 13 boys and girls between the ages of 14 and 5, all found to have been guilty of improper relations. It developed in my investigation, which was a difficult task I can tell you, that one brother and sister, aged 13 and 7, slept in one bed, and in the same room with their parents, and had witnessed the married relation of said parents, and from this came all the trouble among the children. Yet when I warn parents of the necessity for the strictest privacy in such matters, they laugh at me or call me a queer old maid. Maybe, I am!

The girl who has been guilty of deliberate immoral acts is a problem very hard to help, for, as a rule, she does not want to be helped. I will tell you the story of Carrie, aged 15, who acknowledged that she had, to use her own words, "been with boys and men lots of times, ever since she was ten years old." This girl, when arrested, was at the depot about to leave the State in the company of a woman who had sent 39 girls into West Virginia, to supply sporting houses, among them being two of her own girls, ages 17 and 15. Evidence was found and the woman was convicted by a jury and sent to the workhouse for one year and is still working out her fine of one thousand dollars. The girl was placed on the probation list, and put to work. She behaved all right and has now married.

Another, age 16, who was found in a wine-room, was so intoxicated when brought into the Detention Home that we had great difficulty in saving her life. She also has made good and has married. I saw her not long ago with her year-old baby girl, and she said to me, "When that girl grows up, I'm going to know where she is; she never will make her mother's mistake." The young man who took that girl to the wine-

room and the keeper of the wine-room were given suspended sentences and paid heavy fines.

A continued prosecution of the adult has proven to be a great factor in the decrease of delinquency among minor girls.

The dependent or neglected child is one who has no parental care, one who has unfit parental care, or one who is associated with vicious or immoral persons. This definition covers, you see, any form of neglect, abuse, or poor environment.

In the past, children who had no parental care were placed in orphanages, and county children's homes, but, under the Juvenile Court system, this practice is falling into disuse. Thoughtful people are being awakened to the public duty to the child, and more and more we find the childless home opening its door to the homeless child; for we are all agreed that a foster-home is better than an institutional rearing. For example: one small boy was brought into the Detention Home (the children call it "the kids' jail") having been found in a packing case in an alley, where he had been in hiding for three days. The boy had run away from a County Children's Home, where he had spent seven out of his little span of ten years. Frightened, fearful of a return to that home and its punishment, the boy rushed behind a door and fell in a limp little heap. It took a long time to get him out, for, you see, it was not a case for force. I assured him, finally, that he need not fear, that we had never thrashed poor, dirty, hungry, motherless, little boys in our home. After a bath and a good meal, in his new suit of blue overalls and shirt, he was a most attractive, little lad. We kept that boy for three weeks, fed his poor little starved body and his equally starved little heart, and it was a delight to see the response. When we found a satisfactory place, I took him to his new home, the only real home he had ever known. He has been there for three years and is growing up enjoying his lawful heritage of God's out-of-doors and the love of good foster-parents. I saw him not long ago, for we visit all "placed-out children" regularly, and he said to me that he used to lie awake in that awful County Home and, in his own words, "Wonder if there was any God, or if He had just forgot about me."

The child who has been neglected in any way by its parents is often treated as if parentless—though the Court usually, if there seems any sign of awakening sense of responsibility, returns the children to their parents on probation for a time. The house is then visited by an officer of the Court or some volunteer officer, visited often and regularly, and reports sent into the office as to conduct of parents, condition of home, apparent care of child, etc.

This department of the work is greatly neglected in many Courts, and is an enormous, splendid field for good educational and formative social service.

The other class of dependent cases is that where the father does not provide for his children. A four years' investigation has proven to us in Franklin County, that this form of neglect is an enormous factor in the cause of juvenile delinquency. You can see that if the father does not or will not provide, the mothers must do so—usually at the wash tub—away from home, leaving the children without proper care or oversight. Here we get our truant-from-school cases, and following that, other delinquencies.

In Ohio, a father is compelled by state law to support his children under the age of 17 years. He is brought before the Court, given a suspended sentence and fine, and is placed on the adult probation list. He has to report at the Court office every Monday evening and bring his money. He is given a receipt for it, and on Saturday morning his wife calls at the office, gets the money, and gives us a receipt for the same. In January last, I handled in this class over one thousand dollars. Now, if a man falls down on this chance,—will not work, or will not bring his money in,—he is again brought before the Court and the original sentence ordered enforced; and we usually hurry that specimen of fatherhood off to the workhouse on a quick run. While he is an inmate of the workhouse, his earnings support his children. The chief probation officer collects from the county treasury forty cents a day, which is given to the wife.

There are many phases of the working of a Juvenile Court which I have not touched upon in this paper. I might go on and tell you stories all night and still have plenty of untold real stories of real folks I met during my little journey of four years into the political world.

To finish, let me tell you of a ten-year-old John who, when asked whose boy he was, replied, "I've belonged to an awful lot of folks already. I guess I'm God's boy—that's what one woman said—and I'm awful tired. I've just gone all me life long to pick up coal on the railway tracks, and I've carried in wash water and emptied it out again. I'm tired of being *just God's boy*. I wish someone would be a mother to me for a little while."

NURSING IN MISSION STATIONS



[This department has a two-fold purpose,—to keep nurses in this country in touch with the work of missionary nurses, and to put missionary nurses in touch with each other, for an interchange of ideas, questions, and suggestions. All nurses engaged in mission work, of every creed and country, are invited to contribute to its columns.]

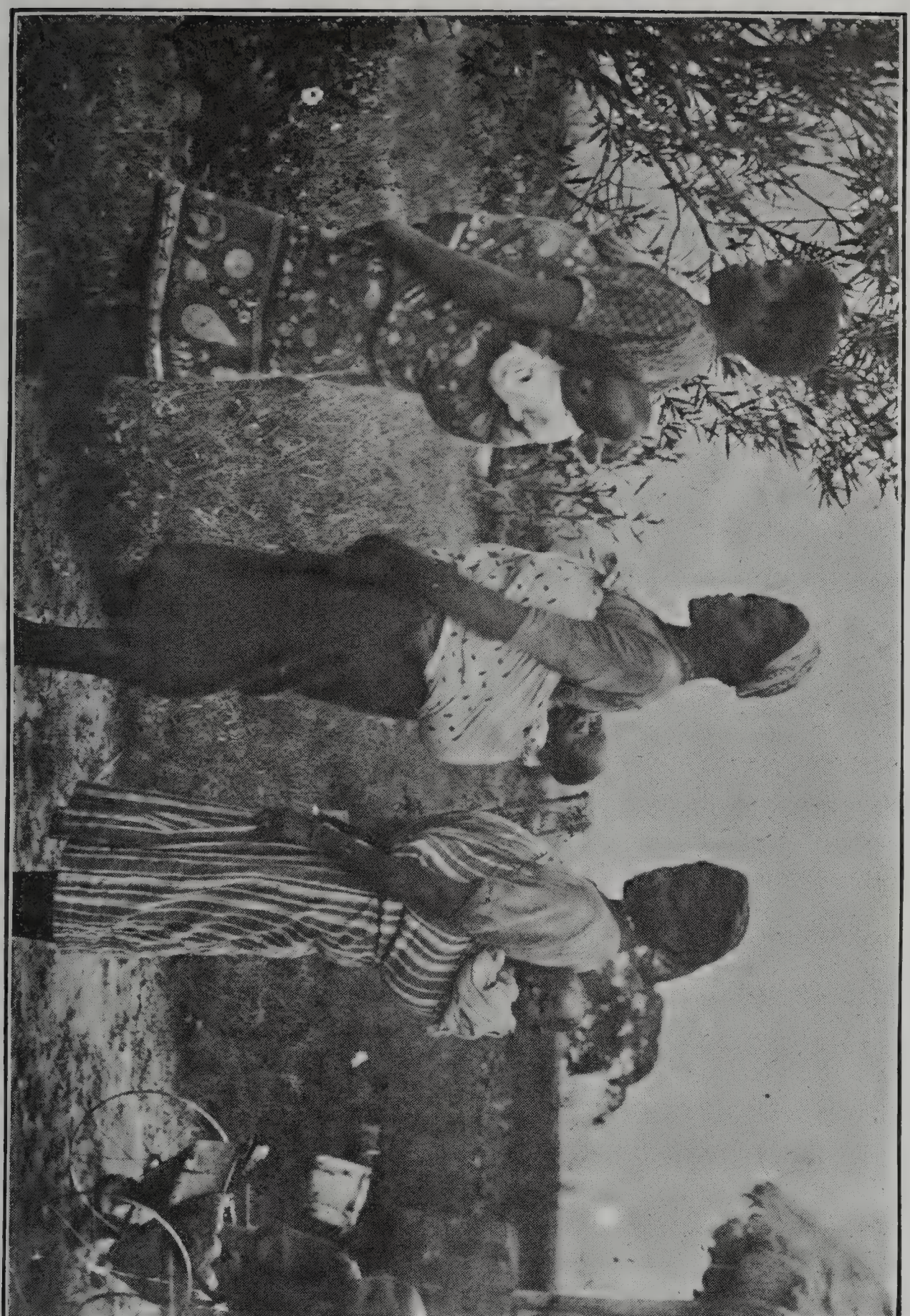
WORK AT BAILUNDU, AFRICA

FROM the West Central Africa Mission of the American Board at Bailundu, Helen H. Stover writes:

I should like our work to be known about, for we need helpers so much. It is so interesting to read of the work the nurses are doing in other lands as well as our own home land. Our needs here in every line are so great and our force so small that at times it is very discouraging.

This part of Africa is just beginning to emerge from the wildest and darkest of heathenism. It is not yet thirty years since the first missionaries came here. We have been particularly unfortunate in this station in not even having a physician, except for a little while now and then. I have been here nine months and find the work extremely interesting; the lack of a hospital, and adequate means of carrying on the work, is really heart-rending at times. Our work is mostly in the dispensary and visiting in the homes. For this there is a native boy who is assistant. It's almost impossible to get hold of the women. We have a large variety of diseases, principal among them malaria and worms. Nearly everyone has worms, and there are many varieties, among them ankylostomiasis or "hook-worm." That accounts largely for the apathy, apparent laziness, and anæmic condition of the natives. They have very little power of endurance.

The natives don't have malaria so badly as the whites, but they have it more frequently, owing, no doubt, to their lack of prophylaxis. It is so hard to impress them with the necessity of having a prophylactic dose of quinine weekly. I doubt if they'll ever be impressed. Their idea is to wait until they are too sick to hold out any longer then ask for medicine. We have had three elephantiasis cases since I came, and three of an awful disease, which for lack of a better name, we call "blood blisters." The doctors have not, as yet, succeeded in finding out much about it, but they think it comes from a malarial condition.



THE WEST AFRICAN METHOD OF CARRYING BABIES.

The mouth, throat, and sometimes entire face and head, are covered with blood-blisters. The result is usually fatal, and it is over with, one way or another, in three or four days.

The children are the greatest problem we have. They have the usual diseases of childhood, which we have at home, beside the tropical ones. The mothers are not to be depended upon to do what one tells them. They usually want to stuff the children regardless of everything. They were in the habit of feeding the child as soon as born with a gruel made from fine corn-meal and sweetened with sweet beer. The missionaries have succeeded in stopping that to a great extent. Then, too, they nurse one child until another comes. The most we have been able to do in that line is to have them wean the one child when they become pregnant again. It has been a remarkable thing to me to note the lack of ophthalmia among the children. That is due largely, I suppose, to the fact that the natives are fairly clean morally. The dreadful venereal diseases, which have to be fought with in so many countries, are practically unknown here. The few there are have been brought in by white traders.

It is pitiful to see the little sick babies and feel that one hasn't a hospital to take them into and give them the care they should have. We hope the day will soon come when we shall have one.

Just as we go to press, an urgent call comes for three missionary nurses, for India, the Philippines, China. For particulars, address Mr. D. Brewer Eddy, Congregational House, 14 Beacon Street, Boston, Mass.

THE SMELL OF PAINT.—*The Lancet* says that the vapor of turpentine being a poison and affecting some persons who are sensitive to its effects unfavorably, it is well to be careful in regard to it. A very sensible precaution during the painting season for those to take who are compelled to endure the nuisance is to leave bowls of water in the freshly painted rooms. Some, at any rate, of the paint emanations are thus absorbed, as will be seen by the oily film on the surface of the water so exposed. An even more powerful absorbent is fresh milk which reduces the smell of paint in a room in a remarkable way. The poisonous effects of paint emanations do not appear to be connected in any way with the lead contained in the paint, the colic of painters being due to the actual contact of the person with the substance of the paint.

FOREIGN DEPARTMENT



IN CHARGE OF

LAVINIA L. DOCK, R.N.

THE INTERNATIONAL COMMITTEE ON EDUCATION

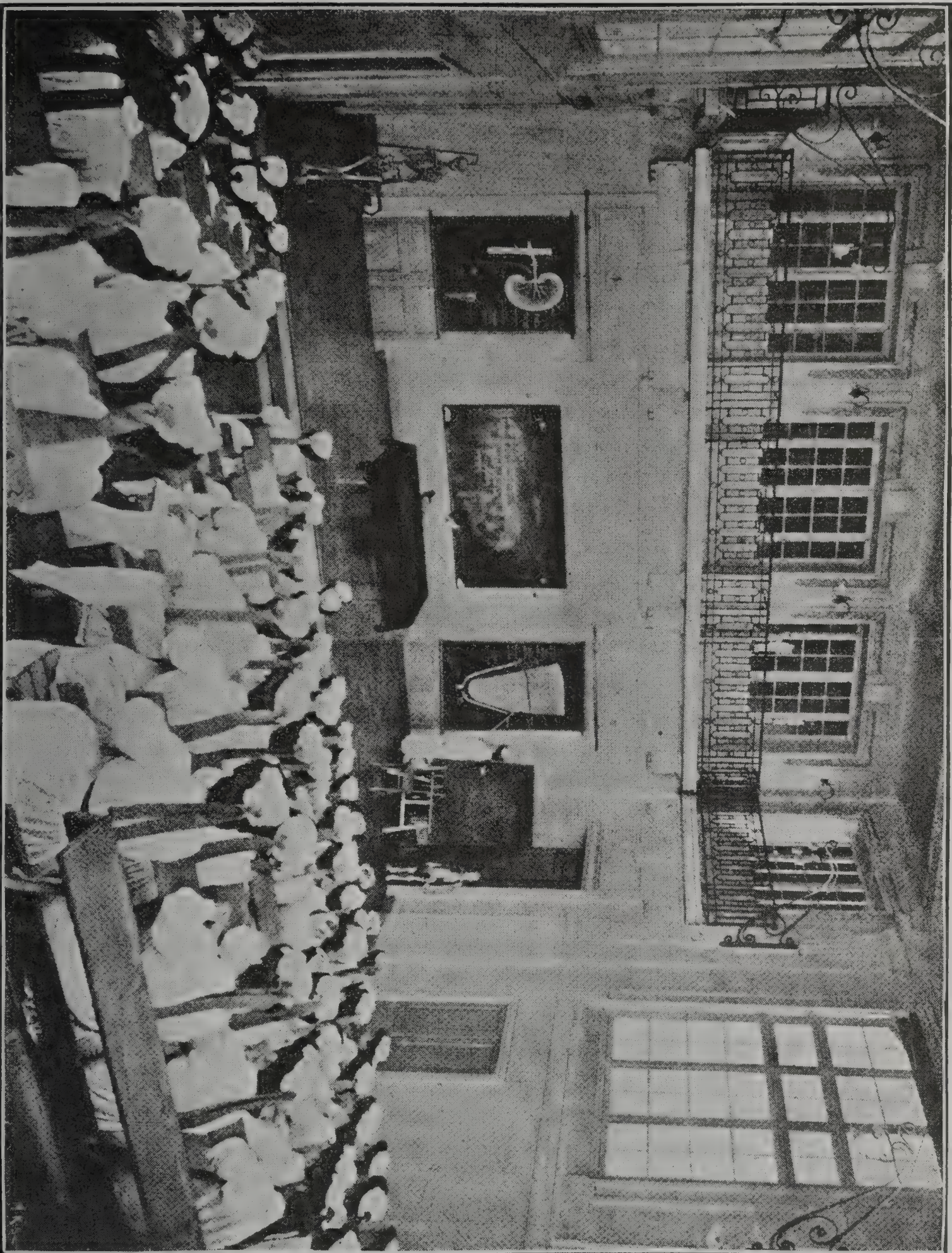
THE unexpected and terrible death of Mrs. Robb will cause sorrow among our foreign members. Had she lived, she would doubtless have become as closely identified with educational questions abroad as she had always been at home. It is a moving and mournful recollection that the international committee on nursing education owed its formation to Mrs. Robb, who read, at the London Congress, one of her peculiarly characteristic papers, full of large plans and stimulating suggestions of a world-wide uniformity in minimum standards, and to Miss Isla Stewart, who, with equal largeness of vision and sympathy, and with a practical definiteness of grasp amounting to genius, immediately offered the resolution which created an international committee with Mrs. Robb as its chairman. Mrs. Robb's subsequent travels and numerous home obligations delayed somewhat the first steps of this committee, but during the past winter she had named as its secretary Miss Van Lanschot Hubrecht, whose fitness for the task is conspicuous and whose interest in it is intense, and the first questionnaire of the committee was in process of completion.

The great loss to the nursing profession at large, in being deprived so suddenly and within so short a time of the services of these two exceptional leaders, both so alike in their catholic breadth of interests, will delay and perhaps for a time discourage the work of the international committee.

THE NEW SCHOOL AT THE SALPÊTRIÈRE

WE are indebted to the kind thoughtfulness of M. André Mesureur for a most attractive and interesting report of the new school for nurses in Paris, under the direction of the city department of hospitals and charities, as we would call it.

The report gives a complete history of the progress of the very delicate and difficult problem of remodelling the system of nursing existent in the vast and numerous hospitals of Paris. We have before now designated this problem as the most difficult one in the whole nursing



LECTURE AMPHITHEATRE OF THE NEW SCHOOL IN PARIS.

world at present, chiefly by reason of the centralized management of the Paris hospitals, their control by the government, the enormous number of patients and nurses involved, and the entire absence of women superintendents of nursing in the hospitals. The administration desires to purify the morale of the wards, improve the nursing, and elevate the status of the nurses, but to do this without fundamentally altering the established system, which is entirely different to ours, in that the aim there is to train nurses who will remain for years or even for a lifetime in the service of the hospitals.

If, though, there was to be no acute revolution in the wards proper, the erection and functioning of the beautiful new school has been a revolution of the first water for Paris, and the report shows very gratifying success and reasons for encouragement. The social and educational qualifications of the applicants have risen distinctly, as was to be expected when a refined and beautiful home and dignified position were offered. The school is under the direction of a very able and personally gifted woman, Mme. Jacques, whose only fault, in our eyes, is that she has not had the nurse's training; and its repute and honor are jealously guarded by M. G. Mesureur, the director general, and his son, M. André Mesureur, who is the head of the training-school committee.

The pupils, entering for two months' probation, are put through a two-year training, but sign a five-year contract. After this, though then free to leave, they are encouraged to join the permanent staff on salary, with living expenses and a pension.

During the first year they spend the five morning hours in the wards, the rest of the day being given to class, study, and domestic work in the school, where they have already had preparatory teaching during the probation period. The second year sees them in the wards all day, and taking a share in night duty. Their rotation in the different services has been made the object of careful arrangement and its importance seems to be thoroughly understood by M. Mesureur. This is very fortunate, for the general unwillingness of medical chiefs and hospital directors abroad to allow their nurses to rotate is a great obstacle to good training.

All the work of the school, except the cooking, floor scrubbing, and window washing, is performed by the pupils as a part of their training, and also as an economy. This we find open to criticism. We believe that pupil nurses should learn practically every detail of the housework which they will some day have to direct, but think it would be better to give them this in their preparatory course and let them spend their whole day in the wards afterwards.

The details of the care of the pupils are well thought out, and one

point worthy of imitation is that they are provided with dental as well as medical care when needed.

For their training they are sent to different hospitals, fifteen in all being mentioned as utilized for this purpose. The Superintendent of the School, it must be remembered, has no corresponding authority inside the wards.

After training, the breveted pupils are placed for the next three years wherever there are vacancies to be filled. Nor does the administration, apparently, intend grouping them or staffing one hospital system at a time with them. It is in this retention of a hospital system which seems to us essentially bad that we must disagree firmly with the administration. To our ideas, lasting good results inside the wards can only come by frankly adopting the English system. A trained woman head in each hospital in full charge of the nursing; the best graduates of the school put in as head nurses of wards; other good ones in permanent positions as ward or senior nurses; the probationers given to this trained staff for their practical work;—this, taking one hospital at a time, would be our suggestion for the completion of the revolution so splendidly begun in Paris by the new school.

Looking back at the wonders that have already come to pass, we congratulate the administration in the full belief that its work will bring laurels to it. How sad it is, though, that M. Montreuil, who had such a perfect spirit about the new methods, and who was so interested in nurses and nursing, so scholarly, fatherly, and kind, came to retire just as the new school was about to open! Wherever he is, we send him our greetings, and like to remember the Salpêtrière under his benign sway.

ITEMS

THE German Nurses' Association has founded a branch in Baden. The branch in Saxony has published its first annual report.

ANOTHER book written by a German nurse has been published, of which Sister Agnes says it ranks among the best that has been written of the actual life of nurses and conditions of nursing in their work. It is called *Step Children of the Social Economy* and should enlighten many as to the needless hardships of the lives of German nurses.

THE *Nursing Journal of India* says editorially: "One of the first duties of our association will be to seek admission to the International Council and then to appoint four delegates to represent us at Cologne." A warm welcome will be given to India in 1912.

THE first number of a new nursing journal for Belgium, called *L'Infirmière, Organe des Ecoles belges d'Infirmierie laïque*, has reached us. It is an attractive publication, and represents the advanced progressive party in Belgian nursing affairs,—Miss Cavell, Dr. Ley, and others. Its purpose is to carry on a propaganda in behalf of modern ideals of nursing as a skilled profession calling for the finest type of woman.

WOMAN suffrage is making great progress in France, and we are glad to see that the *Bulletin professionnel des Infirmières et Gardes-Malades* has given several pages to a résumé of the movement, as an important social movement which all women should be acquainted with.

THE Bordeaux nurses have formed a league in affiliation with the Union of the Gironde and a national society whose work is to carry on the warfare against alcoholism.

CANADIAN nurses are again pushing the question of state registration to the front, in the hope of stirring the Parliament of Ontario to take some steps in the matter.

IN England three thoroughly qualified certificated nurses have been appointed Inspectors of Poor Law Infirmaries and Schools.

The Journal of the Royal Victorian Nurses' Association has given, month by month, for some little time past full reports of an occurrence in association affairs which space does not permit us to explain, but, as fundamental principles of honor and professional ethics are involved we shall say, for the sake of giving moral support to the right as we see it, that in our judgment Miss Brayshay and her party have taken the just and honorable position of rectitude, and that the others have erred decidedly, though, we quite believe, without thinking all the way through the thing at the outset, as they should have done.

CHEERING accounts of successful beginnings in the new school in Rome must wait until next month.

MOTHER ST. GEORGE, of the Convent of the Faithful Virgin at Norwood, and who was one of the ten Sisters of Mercy who went with Miss Nightingale to the Crimea in 1854, has recently celebrated her diamond jubilee as a Sister. She is still active and in good health, and wrote to Miss Nightingale last year.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE



IN CHARGE OF

HARRIET E. FULMER

AN AROUSED CITY

By MINNIE GOODNOW

Superintendent Bronson Hospital, Kalamazoo, Mich.

WITHIN the last few months a remarkable movement has begun in Kalamazoo, a movement which is important chiefly because of its significance in the trend of events.

The fact in its simplicity is that the people of the entire city are interested in and desirous for medical knowledge. They wish to know how to care for their own health and that of their families. They wish to know how to avoid disease or how to shorten it and prevent fatalities. It is not idle curiosity nor a passing whim, but the recognition of a real need. It has come like a sort of spontaneous combustion starting in several places at once, and it is remarkable in that the initiative has come not from the medical or nursing profession, but from the people themselves.

No one knows the immediate cause of the movement. Its real origin is doubtless in the years of effort on the part of medical people. The culmination came as follows, different sets of people starting almost simultaneously: Several young women had applied at the hospital asking that they be permitted to come to some of the nurses' lectures. This request was granted, with the caution that they might get very little out of them. Whereupon some of the applicants conceived the idea of a course of lectures planned specially for those who wished such work, to be given at the hospital and under its auspices. A class of fifteen women was formed, most of them mothers or teachers, and nearly all of them college bred. A course of forty lectures was outlined, twenty to be given this spring and twenty in the fall. The doctors of the city most willingly gave their services, each man being selected for his special hobby. Bronson Hospital furnished a place for the meetings. Members of the

class pay \$10 for the course and the money goes to the nurses' training school.

The subjects given are about as follows: bacteriology, anatomy, physiology, embryology, venereal diseases and social hygiene, hygiene of pregnancy, surgery, first aid to the injured, diabetics, care and feeding of children, public and home sanitation, nervous and mental troubles, practical nursing (this last given by a graduate nurse). It will be seen that the course covers much the same ground as the nurses' work; but it is designed for women of advanced education, and is planned from the standpoint of the laity. The lectures are thoroughly scientific and more or less technical. The class is expected to take notes, and no one unwilling to work is admitted. (The fee was designed chiefly to exclude those not in earnest.) The lecturers encourage the class to ask questions, and by this means many instructive and interesting points are brought out. The course is being carried on with great earnestness and much enthusiasm, and there seems no doubt that its results will be far-reaching.

Following this example, one of the women physicians has organized a class, mostly of the better grade of so-called "society women," wives of college professors, etc. This is a pay class and is giving work similar to the above, but less extensive.

Dr. Huson, of Detroit, is in charge, for Michigan, of the public health work outlined by the committee of the American Medical Association, and under her direction the women physicians of Kalamazoo organized. Their work has been eagerly accepted and they are giving popular lectures on medical topics at clubs, lodges, church societies, W. C. T. U., Y. W. C. A., etc. These lectures are necessarily somewhat simpler in character than the pay courses, but are thoroughly scientific. Nearly every lecture has been repeated before some new audience and more are being constantly asked for.

The State Normal School and the Kalamazoo College are a part of the same movement, and lectures on health topics are being given by both men and women physicians. Even such topics as social hygiene have been discussed. All the talks have been well received and enthusiastically spoken of.

The spectacle of a city rousing to its need of such knowledge is both novel and full of meaning. One woman, who has been a teacher in Columbia University, said, "I have just begun to realize how much one may have learned on many topics, and yet how little one may know of the vital facts of life and how to live."

The movement is extending from Kalamazoo into the surrounding

towns. Physicians are being asked for to give talks before selected audiences, chiefly women's clubs. Some talks on home nursing with demonstrations are being included. We are finding that our women are, after all, not as much interested in the history of art or the literature of the ancients as they are in knowing how to keep their families in health and safety.

The influence does not stop here. It leads the mothers of the community to inquire into school conditions, into the milk supply, into the question of pure or impure ice, into the condition of public morals, etc. It may go even to the surprising length of making a conservative woman ask for the ballot. During one of these classes when social evils were being discussed, a sweet, retiring mother spoke out with a voice that thrilled with emotion, "If these things are so, I see why women need to vote. I never did before."

DENTAL CLINICS.

By MARY E. THORNTON, R. N.

IN New York City, during 1908-1909, the inspectors of the Bureau of Child Hygiene found that of the 323,000 children examined in the public schools, 183,000 had defective teeth. An examination of 500 children just leaving school and applying for employment certificates showed that 489 needed immediate dental treatment.

With these facts set forth by her chief, and knowing from her experience as school nurse that there was virtually no provision for attending to the teeth of these children, Miss Clark of the staff of school nurses, with the approbation of her chief, the co-operation of her superintendents, and the generosity of interested friends, set about opening a dental clinic. After a long search, suitable quarters were found in a flat in a congested district, 449 East 121st Street,—a waiting room and an operating room on the first floor, and an extracting room on the floor above. The children pass from the waiting room into the operating room as the number is called, and thence out to the street, in order that the confidence of those waiting may not be disturbed.

The rooms are arranged with the idea of having them serve as an educational centre and everything in the clinic, no matter how small, is just as it is, and where it is, to influence the mind of the patient. The pictures on the walls, the individual drinking cups (donated by the

manufacturers) used on extracting days, paper napkins, tooth brushes, all combine to help create a desire for cleanliness and healthfulness.

The child is referred by the school nurse, makes application to the clinic, is examined by the doctor, then Miss Clark visits the home in order to observe conditions and obtain such history as is not given by the child. One advantage about the child's coming directly from school to the clinic is that he is apt to tell a straight story, an adult is inclined to embellish. The family history is always taken, in order to demonstrate that the clinic does not tend to pauperize; in addition it will furnish statistics for living conditions, etc.

Once a week, or during the time the child is having teeth attended to, the mother must visit the clinic and receive instruction in oral and general hygiene; if the patient can afford to pay for powder and brush, a charge is made, if not, they are given free. The office hours are from 1 to 5 P. M. on school days, and from 9 A. M. to 1 P. M. on Saturdays. The dentists are thus able to attend to their own practices in the morning, and the nurse to visit the homes of the children. Thus in a three-fold manner, with the child in the clinic, with the mother when she attends the conference, and with the visit to the home, a portrayal of what a good-looking healthy boy or girl should be is impressed upon the family.

INFECTION WITH SCARLET FEVER FROM CURED PATIENTS.—The *New York Medical Journal*, quoting from a German contemporary, says: Preisich calls attention to the fact that after desquamation has been completed and the patient has been discharged as cured, cases have been reported as having communicated the disease six weeks or more later. It is a question whether the virus may not be contained in the secretions of the throat and nose, in pus from the ear, in the secretions of the kidney, or in other secretions or excretions. If this is the case we have no means to-day by which to ascertain when the person recovered from scarlet fever ceases to be infectious.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

BACTERIA IN THE EYE OF THE NEW-BORN.—Dr. McKee says, in the *Montreal Medical Journal*, Rosenhauch, after examining the conjunctival sacs of two hundred new-born babies, came to the following conclusions: The conjunctival cul-de-sac is absolutely clear immediately after birth. The first micro-organisms appear twenty-four hours after birth. After twenty-four hours the bacterial flora is constant. It is not to be differentiated from the adult. The *Staphylococcus non pyogenes, non liquefaciens*, and the *Bacillus xerosis* are constant inhabitants. Other micro-organisms are only sporadic. Pathological micro-organisms are seldom found, and then only a few. Twenty-four hours after birth the conjunctival sac was never free from micro-organisms. Gonorrhoeal infection is hardly possible during birth, but usually occurs during the first couple of days of life.

THE TRAINED NURSE.—The *New York Medical Journal* says, in the April *Red Book* Dr. Regan plays a conspicuous part in "The Jewel Consistency," by Elliott Flower, who gives us this bit of philosophy: Revolt against a good trained nurse is quite impossible. You may defy a doctor, you may tell a male attendant to go to the devil, but the trained nurse, with gentle firmness, rules you absolutely.

LIME WATER IN THE TREATMENT OF WARTS.—Dr. Kennard, in the *British Medical Journal*, reports a case of a young woman who had at least 300 warts on the back of each hand and wrist. She was treated for nearly a year by all the conventional methods, including arsenic and cauterization, but without avail. Kennard, as a last resort, fell back upon an old remedy, namely, the administration of half a pint of lime water a day for a week. In the course of four days all the warts disappeared and since then (two months) no fresh outbreak has occurred.

SKIN STERILIZATION BY TINCTURE OF IODINE.—I. S. Stone, writing in the *Southern Medical Journal*, agrees with Grossich and Walther that tincture of iodine is the best skin disinfectant now known. Both these authors had performed experiments which clearly demonstrated that

iodine has the power of penetrating deeply into the layers of skin. The spaces between these layers are occupied by the various forms of bacteria, fat, sweat, etc. The inter- and intra-cellular capillary and lymph spaces all communicate with these layers of epithelium, and it is conclusively shown that iodine penetrates into all of these various clefts and openings of the skin. The alcohol of the tincture dissolves the fat, while iodine has a special penetrative quality of its own and forms a chemical combination with the fatty acids of the skin, which combination is quickly absorbed. The author believes that the soap and water cleansing is wrong in principle, as the intra-cellular spaces are filled with the soap solution, which prevents the action of the alcohol. After the operation is completed a final application is made over the closed wound before applying the sterile dressing.

THE WORK CURE IN TUBERCULOSIS.—The *Medical Record*, quoting from *Le Bulletin Médical*, says F. Dumarest contrasts the rest cure, so frequently used in tuberculosis, with the newer method of treatment used in England, which may be called the work cure. In some English sanatoria a system of graduated labor is made use of, originated by Paterson, which has been quite successful. In applying this system we think less of the physical signs than we do of the general condition of the patient. When a patient shows fever he is put to bed until this has passed away. After this he is given a small amount of labor equivalent to the lifting of a certain amount of weight. As he is able to do this it is gradually increased. The work is, as far as possible, performed in the open air, being for the men gardening, carpentering, painting, wood-cutting, etc. All these trades are carried on so as to be of value in the maintenance of the sanatorium. The women cultivate garden vegetables for the table, and care for poultry. The coming on of slight fever in such persons is considered a favorable sign rather than otherwise, and as indicating the formation of a power of resistance to the disease. It is a reaction such as occurs when tuberculin is injected. Under this system 80 per cent. of the patients are cured. Work is considered a part of the cure, and those who are not willing to perform it are not admitted to the sanatorium.

SORE NIPPLES.—The *Southern Clinic* says, among the numerous remedies recommended for sore nipples the compound tincture of benzoin is probably one of the best, as a local application.

ELECTRIC ANÆSTHESIA.—Dr. Louise G. Robbinovitch of New York, editor of the *Journal of Mental Pathology*, and a skilful operator in the

electrical methods of the resuscitation of the lower animals, gave a demonstration before a large assemblage of physicians and surgeons in Hartford, Conn., of the possibilities of electrical anæsthesia. A young Austrian was obliged to submit to the amputation of four toes in consequence of gangrene having supervened after frost bite. The electricity was applied and the operation performed by Dr. Marcus M. Johnson. It lasted for forty-five minutes, during which time the patient laughed and talked freely with Dr. Robbinovitch and the surgeons, being unconscious of any unpleasant sensation even when the bone was separated with bone forceps. Two hours afterwards the patient was sitting up in bed in a cheerful frame of mind. This is the first time in the annals of surgery, says the article in the *Medical Record*, that electricity has been used for anæsthetic purposes on man and the demonstrator was a woman.

CURRENT LITERATURE OF INTEREST TO NURSES

Bulletin of the Johns Hopkins Hospital, April, "The Present Attitude of the Tuberculosis Nurse towards her Work," Ellen N. LaMotte. *American Journal of Surgery*, April, "Iodine Disinfection of the Field of Operation," Editorial. *New York Medical Journal*, April 9, "Ophthalmic Nursing," Matthias Lanckton Foster, M.D.; April 23, "Dreams and Their Relation to the Neuroses," A. A. Brill, M.D. *Medical Record*, April 23, "Antityphoid Vaccination," Editorial; "Electric Anæsthesia," Marcus M. Johnson, M.D.; April 9, "Measles and Mice," Editorial; April 16, "Fatal Factors in Pneumonia," G. Wesley, M.D. *Journal of the American Medical Association*, April 16, "A Preliminary Report of the Pediatric Department of an Outdoor Maternity Clinic," Herman Schwartz, M.D., assisted by Adelaide Bowland, R.N.; April 30, "The Sanitary Side of the Garbage Question," Editorial; May 7, "A New Suture, the Double Figure-of-Eight," Edward H. Richardson, M.D.; "Pernicious Vomiting of Pregnancy," Adam H. Wright, M.D.; "Some Modern Ideas of Cancer," J. W. Vaughan, M.D. *Yale Medical Journal*, April, "The Problem of Finding Employment for Tuberculosis Individuals," M. Grace Markham. *The British Journal of Nursing*, April 30, "Defective Nipples," H. B. Billups, M.D. *The Illinois Quarterly*, "Mental Hygiene," Henry B. Favill, M.D. *The Canadian Nurse*, April, "Typhoid Fever—Responsibility of the Nurse Regarding its Prevention," Annie E. Hutchinson. *The Survey*, April 30, "Ten-Hour Law for Women Upheld," Graham Taylor; "For Association of Children's Clinics."

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

[WE must again remind our correspondents that nothing is published in this department unless accompanied by the full name and address of the writer. Several important and interesting letters are being held because they have been sent with initials only. The full name need never be printed unless desired, but it should always be given on a separate slip.—ED.]

FROM AN ENGLISH CONTRIBUTOR

DEAR EDITOR: I hope my little sketch may prove interesting to my colleagues in America—for after all we are like one big family and the nursing world is no phantasy. I, as an English nurse, have always been pleased to meet those who have gone through the American hospitals, and have felt most privileged to nurse for specializing surgeons from the States, nearly always gaining fresh method and style.

I am now retired from action, shall we say, as a doctor's wife, but still in the world of science and skill, and ever interested in all that concerns nursing.

Wishing your JOURNAL every success.

M. S.

A CHANGE OF WORK NEEDED

DEAR EDITOR: I have been nursing for seventeen years, fifteen of those years in hospital work. I am very pleasantly situated now, but have premonitions of breaking health, due partly to the climate in which I have been working, and partly to the long-continued strain. Is there some branch of our work in which regular rest and recreation are possible that is open to a woman of my years? I ought to work for thirty years more, my parents and grandparents were active into the eightys.

E. P.

[The above calls for a personal reply, which would have been promptly sent had not the writer, unfortunately, forgotten to give her address. What do our readers advise in such a case, where a woman has experience, skill, and courage, but who is tired? The question comes to us nearly every week. Let us suggest, first, a good summer's rest, then a JOURNAL advertisement, a look-out for some form of social service work where a night's rest is possible, an engagement as companion to an invalid, tuberculosis or school nursing, a course at Teachers' College to prepare herself for a nurse teacher.—ED.]

FROM TEXAS

DEAR EDITOR: The JOURNAL is always received with pleasure, and is a great help to me, and interesting. I was very glad to see what M. J. W. wrote about operations on the male patients. I have been a nurse nearly ten years, abroad and here, both in hospitals and private duty,—always I found that to

keep that question, what to do or not to do, aside, was right. When I saw a thing was necessary to be done, it was the nurse's duty not to delay. Therefore, I can't agree with Miss Huntington about sweeping our patient's room. I have always attended to that room in every respect, and all the servants did was to bring in the wood to the stove. Here in the south the doctors and the family expect very much of the nurse, more than in the north, perhaps. I am so accustomed to it now that I could not do otherwise.

Wishing you great success in your work,

A. L., R.N.

NURSING IN A SOUTH CAROLINA CITY

DEAR EDITOR: I have been away from the "city of magnificent distances" since last November and I miss the advantages of beautiful Washington more than I can express in words. I have been sojourning at the Nurses' Home since locating further south, and have been most fortunate in having the genuine southern hospitality shown to a stranger in a strange land. The superintendent and registrar is making a success of such a responsible position, as she conducts the Home on a common-sense basis, she does not approve of introducing rigid rules into the Home, making the atmosphere obnoxious to her sister nurses, she wishes each nurse to have diversion, such as going to the theatre, receiving friends, etc. She treats each nurse with courtesy when reporting for duty.

This city affords an up-to-date hospital, giving the nurse every advantage, it is particularly adapted to surgery. All are proud of the skill of the leading surgeon of the city. He is considerate to the nurses and always courteous to them. The hospital has been most fortunate in securing an efficient superintendent, she is beloved by her pupil nurses.

With best wishes for the JOURNAL,

E. H. P., R.N.

DIET IN OBSTETRICAL CASES

DEAR EDITOR: After having read the different diet lists for obstetrical cases, in which line of work I have had considerable experience, I felt I would like to have a word.

If the infant is to have its natural food we must regulate the diet. By this, I mean do not give sour acids, as lemons, sour oranges, grape fruit. We all know that a good farmer will not allow his cows to eat sour apples freely. Why? Because they have a tendency to dry up their milk, and if this is a danger to be thought of in cows, why not in nursing mothers? Then coffee and strong tea have the same tendency, and I think too little of these cannot be given the first few weeks, say six or eight, by that time the patient is living her usual life and if the supply of milk is good, it is early enough to indulge in sour acids, coffee, and tea occasionally. Weak tea is not so harmful. I give it at least once a day from the beginning, but it should be very weak.

I have had a great many obstetrical cases since I graduated in 1897, the great majority of my babies have been successfully breast-fed. In cases where it has been necessary to dry up a milk supply, a tight bandage and plenty of vinegar or anything sour, and strong coffee, have obtained a perfect result in a short time. I write this because I am intensely interested in this work.

S. PAULINA ROOKER, R.N.

AMUSEMENT OF CONVALESCENT CHILDREN

I.

DEAR EDITOR: For some time past I have been wanting to express to you the great good and pleasure the JOURNAL affords me. This month's number is so full of good that I feel I must wait no longer.

Trained in one of the best and largest of the Chicago hospital schools, I returned to my own home eager for "cases," professionally, a stranger, knowing in all this city no one who "spoke my language." Letters of introduction are nice things to have and seem to be graciously received, and forgotten. But I have gradually become known and am glad to say do not lack for work.

The JOURNAL has been of infinite help, more especially because in it I found my only bond with the profession until quite recently when our own state association was formed. The Wisconsin nurses have made a very good, if somewhat tardy, beginning, and the association is composed of very enthusiastic women.

In answer to Miss Bradley's question—I have found all sorts of kindergarten toys helpful, card sewing, weaving, fancy cutting of colored papers, bead chains, building with blocks. "Plasticine" is a form of modelling clay which remains pliable and requires no moistening. A pad of paper and a bright new pencil are sometimes useful. Little boys like the paper soldiers that come at a penny a sheet, and a few cents' worth of colored tissue paper will allow any "little mother" to make her paper dolly a new wardrobe. Give a child an old "blank book," a tube of paste, and an old magazine. Each page of the book may represent a "room," the furnishing to be cut from the advertising sheets of the magazine. A few dried peas or lentils laid on moist cotton in a saucer will sprout and grow, if the cotton be kept quite moist, and will afford a great deal of pleasure. I think many sick (and well) children, have too many toys or games at any one time. One or two for a few days and then a complete change seems a much better plan to me. A good book and one that the child likes, a favorite game, and one form of hand work, are enough at any time. And I think in long tedious illness in the case of a child, it is well to have a storytime, playtime, and "work" time, just as we have our bath and rest and meal times.

There are so many "things I would like to know" dear editor, but I will spare you.

Gratefully yours,

A DEVOTED READER.

II.

DEAR EDITOR: In reply to Miss Grace Bradley, in the April JOURNAL, in regard to the amusement of children, I would like to give the following: Make a large blank book of nice clean stiff packing paper, by sewing four or five sheets of uniform size. Then make some flour paste, with a few drops of carbolic in it to keep it sweet, now hunt up all the old magazines you can get, and with a nice sharp pair of scissors you are ready to begin. Tell the child all about your plan and you will be surprised at the interest that will be taken in it. This is to be your housekeeping book. On the very front page arrange it as a porch, if you can draw well so much the better, to help out; cut out the things which go to furnish a porch, with vines, windows, etc., and paste them on; next page, entrance hall, with all the suitable hangings, pictures, furniture, lamps, etc.

The other rooms can be arranged as your patient and you decide, devoting one or two pages to each, leaving your kitchen for the next to the last page, and finish off with a back porch. There are so many different pictures in magazines you can complete a house very nicely, even setting the table in the dining-room, and giving the baby a bath in the bath-room. I had a little patient who was amused for weeks with this one thing (at intervals so as not to tire of it).

Another thing is to get large white beans and a box of tooth-picks. Soak the beans for a day in water and by sticking the sharp tooth-picks in, very many queer and funny objects may be made.

I forgot to say, that if a box of paints is handy, your house may be made more attractive, and more time consumed in painting things their appropriate color, the picture frames a light oak or yellowish, the tables mahogany, the ladies' dresses, etc.

I trust this may be of some assistance not only to Miss Bradley, but to others.

M. F. L., R.N.

PROBLEMS TO BE SOLVED

DEAR EDITOR: I am much interested in what M. J. W. says in the April JOURNAL regarding the care of male patients. I feel exactly as she does. My first private case was a man in the country, two miles from a telephone, ten from a doctor, and he had to be catheterized. Now in my training school there were internes or orderlies to do this and we had never prepared or catheterized a male patient. Much to my chagrin I had to ask the attending physician to show me how.

About three months after graduation I took a hospital position, and for several years have had charge of a small hospital, with neither interne nor orderly. I have a training school and teach my pupil nurses how to care for their male patients in all respects as for their female. I cannot believe that it hurts them in any way. Is it any worse for a nurse to care for a male patient than for a male physician to care for a female patient? I think not. No hue and cry has ever been raised about that subject, I mean in our day.

I should like to add a word in reply to R. M. K. in the same number—I do not think any hospital is justified in sending out pupil nurses for cases upon a plea of monetary needs—but I do not think that takes away the nurses' work after graduation. In this town a great many people *cannot* afford a trained nurse. It happened in my brother's family that he needed a nurse for a critically sick baby (who finally died) for three weeks. The seventy-five dollars paid her represented a greater share of his month's salary. Not that he grudged it, or paid it unwillingly, but those are the facts.

Now my idea, good or bad, is this: Send your nurses out for the last three to six months of their training, according to the length of the course, and for not longer than a week at a time. Give them a third or half of the fees. In this way it seems to me they would learn to meet all emergencies and the great middle class be cared for. They don't like practical nurses, but what are they to do unless we help? Of course this nursing should be only for those really unable to pay graduate prices. I suppose that once in a while we would be imposed on, but would not that be better than letting so many suffer?

Another case—another brother thought he could not afford a trained nurse. As a result his wife had cystitis for three weeks and a badly burned breast, the result of hot poultices applied for caked breasts.

M. B. N., R.N.

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL

THE NAVY NURSE CORPS

THE CONGRATULATIONS OF THE MEMBERS OF THE NAVY NURSE CORPS to the Superintendent and nurses of the Army Nursing Service upon the increase in pay which at last after years of waiting has become an assured fact are none the less cordial for the reason that they may be a trifle selfish as well. It may not be known to the nursing world at large that any legislation relative to the pay, allowances, emoluments and privileges of the Army Nurse Corps, must, according to law, apply also to the Nurse Corps of the Navy, therefore, it is with much pleasure that I submit the following schedule of pay for nurses in the Navy Service: In future nurses will receive first three years, \$50 per month; second three years, \$55 per month; third three years, \$60 per month; thereafter, \$65 per month. For service beyond the limits of the United States (with the exception of Porto Rico and Hawaii) \$10 per month in addition to the above rates will be allowed. When serving as chief nurses their pay may be increased by the authority of the Secretary of the Navy, such increase not to exceed \$30 per month. In addition to the above, chief nurses and nurses will be entitled to quarters and subsistence, travelling expenses when travelling under orders, and to leave of absence with pay at the rate of thirty days for each calendar year, such leave may, if desired, be allowed to accumulate for three years.

A change has also been made in the method of examination. In future a candidate for appointment in the Nurse Corps will be required to file the necessary certificates in regard to health, training, etc., and submit to the Bureau of Medicine and Surgery an essay of not less than two hundred and fifty words upon a given nursing subject. Certificates and essay together with training, subsequent experience, etc., will then be given careful consideration, and, if satisfactory in all respects, the applicant's name will be placed upon the waiting list as eligible for appointment when a vacancy occurs in the service.

Applications should be addressed to the Surgeon General, U. S. Navy, Bureau of Medicine and Surgery, Navy Department, Washington, D.C.

CHANGES IN THE NAVY NURSE CORPS

APPOINTMENTS: Mary T. O'Connell, graduate of the Brooklyn Hospital Training School; Louise M. Pitz, graduate of Frances Willard Hospital Training School, Chicago, Ill., subsequent experience in Cook County Hospital and A. C. Copper Co. Hospital, Arizona, late superintendent Greeley Hospital, Greeley, Colo.; Antoinette Montferrand, graduate of St. John's Hospital, Lowell, Mass.

TRANSFERS: Isabelle M. Baumhoff and Alice M. Annette from the Naval Hospital, Annapolis, Md., to the Naval Hospital, Mare Island, Cal.; Emily M. Kennedy to the Naval Hospital, Brooklyn, N. Y., and Margaret D. Murray to the U. S. Naval Medical School Hospital, Washington, D. C. Evelyn W.

Jefferson and Susanne B. Hoskins from the Naval Medical Hospital, Washington, D. C., to the U. S. Naval Hospital, Norfolk, Va.; Mary T. O'Connell to the Naval Hospital, Brooklyn, N. Y., and Nell I. Disert to the U. S. Naval Hospital, Mare Island, Cal. Betty W. Mayer from the U. S. Naval Hospital, Norfolk, Va., to the Naval Hospital, Mare Island, Cal. Anna G. Davis from the Naval Hospital, Brooklyn, N. Y., to the Naval Hospital, Mare Island, Cal.

ESTHER V. HASSON, R.N.,
Superintendent Nurse Corps, U.S.N.

CONNECTICUT

New Haven.—THE CONNECTICUT TRAINING SCHOOL ALUMNÆ ASSOCIATION held its regular monthly meeting on May 5. A lengthy discussion in regard to the instruction to the delegates to the national convention was held. Mrs. Fleishner gave a partial report of the plans for the annual meeting and dinner on June 2, at which time the names of the new officers and of all committees for the year will be announced. The price of the dinner will be \$1, Mrs. Fleishner, 928 Grand Avenue, should be notified of intention to be present.

MASSACHUSETTS

THE BILL for registration of nurses, which passed both houses of the legislature, was signed by the Governor on April 29, and reads as follows:

AN ACT to provide for the registration of nurses.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION I. Within sixty days after the passage of this act, the Governor, with the advice and consent of the Council, shall appoint a Board of Registration in Nursing to be constituted as follows: three members of said board shall be nurses holding diplomas from different training schools for nurses, giving at least a two years' course in the theory and practice of nursing in a hospital, and who shall have had eight years' experience in nursing the sick; one member shall be a physician who is a superintendent of a hospital having a training school for nurses, and the remaining member shall be the secretary of the State Board of Registration in Medicine. Said board shall be appointed as follows: one member for one year, one for two years, one for three years, one for four years, and one for five years, from the first day of October, nineteen hundred and ten, and until their respective successors are appointed; and thereafter the Governor, with the advice and consent of the Council, shall, before the first day of October in each year, appoint in the manner aforesaid one person qualified as aforesaid to hold office for five years from the first day of October next ensuing. Vacancies in said board shall be filled in accordance with the provisions of this act for the appointment of the original board, and a person appointed to fill a vacancy shall hold office during the unexpired term of the member whose place he or she fills. Any member of said board may be removed from office for cause by the Governor, with the advice and consent of the Council.

SEC. II. The members of said board shall meet at the office of the State Board of Registration in Medicine on the second Tuesday of October, nineteen hundred and ten, and annually thereafter, and shall immediately proceed to organize by electing a chairman who shall hold office for the term of one year.

The Secretary of the State Board of Registration in Medicine shall be Secretary of the Board of Registration in Nursing and shall receive as compensation therefor such sums as may be determined by the Governor and Council, to be paid from fees received hereunder. The said board shall hold four regular meetings in each year: one on the second Tuesday of January, one on the second Tuesday of April, one on the second Tuesday of July, and one on the second Tuesday of October, at the office of the State Board of Registration in Medicine, and additional meetings at such times and places as it may determine.

SEC. III. It shall be the duty of said board, immediately upon its organization, to notify all persons engaged in the practice of nursing the sick in this Commonwealth of the times, places, and subjects of the examinations for registration, by publication in one or more newspapers in each county. Application for registration shall be made upon blanks to be furnished by the board, and shall be signed and sworn to by the applicants. Each applicant for registration who shall furnish satisfactory proof that he or she is at least twenty-one years of age, and of good moral character, shall, upon payment of a fee of five dollars, be examined by the said board; and upon such examination, if the applicant shall be found qualified, he or she shall be registered, with a right to use the title Registered Nurse, and shall receive a certificate thereof from the board signed by the Chairman and Secretary. An applicant who fails to pass an examination satisfactory to the board, and is therefore refused registration, shall be entitled, within one year after such refusal, to a re-examination at a meeting of the board called for the examination of applicants, without the payment of an additional fee. Said board, after hearing, may, by vote of a majority of its members, revoke any certificate issued by it, and cancel the registration of any nurse who has been guilty of any felony or of any crime or misdemeanor in practice of his or her profession. All fees received by the board shall once in each month be paid by its Secretary into the treasury of the Commonwealth.

SEC. IV. Examinations shall be in part in writing in the English language and in part in practical work, and shall include the principles and methods of nursing. Due credit shall be given for examinations in special branches.

SEC. V. Any resident of this Commonwealth who shall make application for registration within one year from the passage of this act, and who shall show to the satisfaction of the board, by affidavit or otherwise, that he or she has actually engaged for five years next prior to the date of application in nursing the sick in a competent manner, or to have had such experience in hospital or training school as in the opinion of the board to justify registration, shall be registered without examination on the payment of a fee of five dollars.

SEC. VI. The board shall have power to register in like manner, without examination, any person who has been registered as a professional nurse in another State under laws which in the opinion of the board maintain a standard substantially similar to that of this act.

SEC. VII. Each member of the board, except the Secretary, shall receive five dollars for every day actually spent in the performance of his or her duties, and the necessary travelling expenses actually expended in attending the meetings of the board, not exceeding three cents a mile each way. Such compensation and the incidental and travelling expenses shall be approved by the board and paid by the Commonwealth only from the fees paid over by the board.

SEC. VIII. The board shall investigate all complaints of the violations of the provisions of this act, and report the same to the proper prosecuting officers.

SEC. IX. The board shall keep a record of the names of all persons registered hereunder, and of all money received and disbursed by it, and a duplicate thereof shall be open to inspection in the office of the Secretary of the Commonwealth. Said board shall annually, on or before the first day of January, make a report to the Governor of the condition of professional nursing in this Commonwealth, of all its official acts during the preceding year, and of its receipts and disbursements.

SEC. X. Whoever, not being lawfully authorized to practise as a registered nurse within this Commonwealth, does practise or does attempt to practise as a registered nurse, or does use the abbreviation R.N., or any other words, letters, or figures to indicate that the person using the same is such a registered nurse, shall for each offence be punished by a fine of not more than one hundred dollars. Whoever becomes registered, or attempts to become registered, or whoever practises or attempts to practise, as a registered nurse under a false or assumed name, shall for each offence be punished by a fine of not less than one hundred nor more than five hundred dollars, or by imprisonment for three months, or by both such fine and imprisonment.

SEC. XI. The provisions of this act shall not be held to apply to gratuitous nursing of the sick by friends, or members of the family, or to the acts of any person nursing the sick for hire who does not assume to be a registered nurse.

SEC. XII. The board may make such rules and regulations with reference to procedure hereunder as they may deem wise; not, however, inconsistent with the terms hereof, or the laws of the Commonwealth.

SEC. XIII. For the purpose of the appointment of said board and of the registration of persons by it hereunder, this act shall take effect upon its passage, and shall take full effect on the first day of October in the year nineteen hundred and ten.

NEW YORK

THE NEW YORK STATE COMMITTEE on Red Cross Nursing Service, recently appointed by the National Committee, held a meeting on May 5, at the residence of Mrs. E. G. H. Schenck, 114 E. 71st St., New York City. The following members were present: Mrs. E. G. H. Schenck, Mrs. C. V. Twiss, Miss Elsie Pattison, Miss Anna Charlton, and Mrs. C. G. Stevenson. Members of the committee not present were Miss Elizabeth Dewey, Miss Marie Phelan, Miss Sophia Palmer, Mrs. Harvey D. Burrill, and Miss R. Morley. The meeting was called to order by Mrs. E. G. H. Schenck. Miss E. Dewey, 66 Montague St., Brooklyn, was made chairman; Mrs. Charles G. Stevenson, 1316 85th St., Brooklyn, secretary. In the absence of Miss Dewey, Mrs. Schenck consented to act as temporary chairman. It was thought advisable to adopt certain special rules for the regulation of the proceedings of this committee. Accordingly it was moved by Mrs. Twiss, seconded by Miss Pattison, that three members should constitute a quorum for the transaction of business. Motion carried. It was moved by Mrs. Stevenson, seconded by Mrs. Twiss, that a copy of the minutes of all meetings should be sent to members unable to be present, also that nominations for appointments on a local committee should be sent to all absent members before making the appointments. Motion carried. It was moved by Mrs. Stevenson, seconded by

Mrs. Twiss, that members of this state committee should be given a week's notice of all meetings called for the transaction of regular business. Motion carried. It was moved by Mrs. Stevenson, seconded by Miss Pattison, that the members of the National Committee on Red Cross Nursing Service residing in New York State should be invited to attend all meetings held by the state committee. After some discussion it was moved by Miss Charlton that the motion be laid on the table. Motion carried. It was moved by Mrs. Stevenson, seconded by Miss Pattison, that reports of the meetings of this state committee be sent to the *AMERICAN JOURNAL OF NURSING*, the *Trained Nurse*, and any other nursing publications interested in Red Cross work. Motion carried. The committee then considered the question of establishing local committees on Red Cross Nursing Service throughout the state. Mrs. Stevenson made the following suggestions: First, that such committees should only be established in localities which had already shown a willingness to undertake Red Cross work; that at the present time, the work assigned to local committees in New York State might be divided among five committees, with headquarters respectively at Rochester, Buffalo, Syracuse, and the Boroughs of Manhattan and Brooklyn in New York City, these committees to be named after the place in which their headquarters were situated. The Buffalo Local Committee could have charge of the work in the northwestern counties, Rochester, the northeastern, Syracuse, the central counties, as far as Albany, and the two New York City committees to have charge of the work in the counties south from Albany including Staten Island and Long Island. Accordingly it was moved by Mrs. Twiss, seconded by Miss Pattison, that the members of this state committee representing the cities Rochester, Buffalo, Syracuse, and New York City, be directed to confer with the local organizations in their localities representing a majority of the trained nurses in regard to the appointment of local committees and to report back to the state committee at the next meeting. Motion carried. It was moved by Miss Pattison, seconded by Mrs. Twiss, that there should be two local committees established in New York City, to be known respectively as the Manhattan Local Committee and the Brooklyn Local Committee. Motion carried. It was moved by Mrs. Twiss, seconded by Mrs. Stevenson, that Mrs. Schenck be appointed chairman of the Manhattan Local Committee. Motion carried. It was moved by Mrs. Stevenson, seconded by Mrs. Twiss, that Miss Charlton, Mrs. Twiss, and Miss Pattison be appointed members of the Manhattan Local Committee. Motion carried. It was moved by Mrs. Stevenson, seconded by Mrs. Twiss, that Miss E. Dewey be appointed chairman of the Brooklyn Local Committee. Motion carried. The chairmen of the Manhattan and Brooklyn Local Committees were directed to confer with the local organizations with regard to other appointments on their committees in accordance with the rules established by the National Committee. See page 8 of Rules. The secretary was instructed to call a meeting of the state committee at the Park Avenue Hotel, Manhattan, N. Y., on Wednesday, May 18th, 12 P.M. The meeting then adjourned. Respectfully submitted,

BEATRICE M. STEVENSON, Secretary.

THE NEW YORK COUNTY CENTRAL DIRECTORY plans progress steadily. On May 6, a board of governors was appointed to continue the work started by the central registry committee.

New York.—THE PRESBYTERIAN HOSPITAL SCHOOL OF NURSING held its com-

mencement of the class of 1910 on the evening of May 12, in Florence Nightingale Hall, followed by a reception. There were 21 graduates.

THE ROOSEVELT HOSPITAL TRAINING SCHOOL held graduating exercises of the class of 1910 in the amphitheatre of the Syms Operating Building, on the evening of May 5, followed by a reception in the Administration Building. There were 21 graduates.

ELIZABETH BURGESS, class of 1904, who went to Teachers' College for the one-year course, has decided to remain for another year.

THE METROPOLITAN HOSPITAL TRAINING SCHOOL FOR NURSES held commencement exercises on May 21 at 4 P.M.

THE NEW YORK HOSPITAL ALUMNÆ ASSOCIATION has elected the following officers: president, Jessie H. McVean, R.N.; vice-president, Florence Johnson, R.N.; secretary, Ada R. Stewart, R.N., 414 East 14th Street; recording secretary, Mrs. M. L. Rogers, R.N.; treasurer, Martha M. Russell, R.N.; trustees, Elin Lindgren, R.N., Amy Elliott, R.N., Mrs. E. J. Hasking, R.N.

ANNIE DAMER, R.N., was caught in a runaway accident on Easter Sunday and received injuries which necessitated hospital care for a time.

Brooklyn.—THE METHODIST EPISCOPAL HOSPITAL (Seney) Training School Alumnæ Association held its annual meeting at the hospital on April 13, the president, Miss F. Smith, presiding. Thirty-three members were present. Officers elected for 1910-11 were: president, Mrs. George Zimmer; vice-presidents, Misses Hall and Denning; recording secretary, R. E. Smith; corresponding secretary, L. E. Hankins; treasurer, F. Ferris; registry, J. Richards.

THE LONG ISLAND COLLEGE HOSPITAL ALUMNÆ ASSOCIATION held its May meeting at the new club house, 186 Amity Street, and was a large and enthusiastic gathering, many coming to view the new club house which it is hoped will prove of great use to the alumnæ. After routine business, interest centered in the report of a special committee on constitutional revision which was to be discussed and acted upon two weeks later. With ten new members enrolled, and many indications of an awakening of interest, especially among the younger alumnæ, the future of the association was never more promising.

THE BROOKLYN HOSPITAL TRAINING SCHOOL ALUMNÆ held its monthly meeting at the training school on May 3, the president presiding and a large number present, among them several guests. Reports were read and approved. Delegates were elected for the Kings County Association,—Misses Rotherman, Herlihy, Holdane, Dennie, and Mrs. Pierce. After the business, an address was given by Miss Villa Faulkner Page, practitioner in psychotherapy, on "Life More Abundant." A social hour followed. At the April meeting delegates were appointed for the Associated Alumnæ,—Misses VanIngen, Coleman, Peters, Brower, Elizabeth Percy, Ella Percy.

White Plains.—THE WHITE PLAINS HOSPITAL TRAINING SCHOOL held graduating exercises on April 15, in the new nurses' home, which was opened in February. Four students graduated. Mr. George P. Ludlam, former superintendent of the New York Hospital, addressed the class. A reception followed the exercises.

Troy.—THE SAMARITAN HOSPITAL held graduating exercises on the evening of May 21, the address to the graduates being given by Genevieve Cooke, until recently editor of the *Nurses' Journal of the Pacific Coast*. Miss Cooke paid a fine tribute to the memory of Isabel Hampton Robb. There were 8 graduates.

A dance followed the exercises. The twelfth annual report of the hospital shows no indebtedness for the past year and a considerable payment toward past debt. An unusual feature of the hospital is an out-door ward for the care of tubercular patients, fourteen of whom can be accommodated in winter, and twenty in summer, when tents are also used. A point in minor economy which should afford a suggestion to other institutions is that the boxes in which flowers come are saved and in the spring are exchanged for plants for the hospital grounds.

Saratoga.—THE SARATOGA HOSPITAL TRAINING SCHOOL NURSES' ALUMNÆ ASSOCIATION gave a musicale and dance at the Young Woman's Industrial Club on March 29. The proceeds, which amounted to \$125, are to be used toward a fund for a free room in the new hospital building for the care of sick nurses.

Schenectady.—THE REGISTERED NURSES' CLUB was entertained by Mrs. Whitmore, the secretary, at the home of Mrs. Blodgett, on the evening of May 6. Dr. E. MacD. Stanton gave an interesting talk on "Diet and Cathartics in Acute Abdominal Cases." A paper on "School Baths" was read by Miss Anna McGee. The members of the club are greatly indebted to the doctors who have addressed them at previous meetings on the following subjects: "Preventive Medicine," Dr. Charles C. Duryee; "Emmanuel Movement," Dr. N. A. Pashayan; "The Value of Glasses for Defective Vision and Their Limitations," Dr. J. J. O'Brien. On May 26, a dance was given at Brandywine Park for the benefit of the visiting nurse fund.

Syracuse.—THE HOSPITAL OF THE GOOD SHEPHERD held graduating exercises at Freeman Hall, on the evening of May 24. There were 18 graduates from the school; 12 from the course in obstetrics from the Willard State Hospital; three from the course in pediatrics from the Thanksgiving Hospital, Cooperstown, one from the Little Falls City Hospital, and two from the Geneva City Hospital. A reception given to the graduates by the Woman's Auxiliary and the Alumnæ Association followed the exercises.

Clifton Springs.—THE CLIFTON SPRINGS SANITARIUM TRAINING SCHOOL FOR NURSES held commencement exercises on the evening of May 20, in the chapel. An address on "Our Debt to the Animals" was given by Malcolm S. Woodbury, M.D. The diplomas and pins were presented to the fourteen graduates by Rev. W. J. Beecher. A reception followed in the gymnasium.

Buffalo.—THE BUFFALO HOMŒOPATHIC NURSES' ALUMNÆ ASSOCIATION held a bazaar on March 9 from which the sum of \$191 was realized. This will go to the Josephine Snetzinger Nurses' Memorial Fund.

NEW JERSEY

Paterson.—THE PATERSON GENERAL HOSPITAL ALUMNÆ ASSOCIATION held its regular meeting at the hospital on April 12. After the transaction of business, Miss Carmichael gave a report of the meeting of the state association. This was followed by a general discussion on state registration. Four new members were accepted.

Englewood.—THE ENGLEWOOD HOSPITAL ALUMNÆ ASSOCIATION held its regular monthly business meeting on April 6, in the nurses' parlor of the hospital. After a short business session, the members were addressed by Dr. E. Holmes on "The Nurse's Care of Herself on and off Duty." After the address refreshments were served.

PENNSYLVANIA

THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES, at its recent meetings, has granted registration to 339 additional nurses. The curriculum has been completed and is now in the hands of the training schools of the state, and the hope of the board is that the suggestions therein contained may prove of value.

The board held a public meeting in Pittsburg on the 21st of April, the afternoon session for nurses especially, and the evening session especially for physicians. The board purposes to hold these meetings in different parts of the state, the object being to learn the needs and desires of the different sections, in order that the board may more fully perform its functions.

The list of those granted registration follows: Altoona, 4; Butler, 3; Danville, 4; Harrisburg, 6; Mont Alto, 5; McKeesport, 5; Philadelphia, 105; Pittsburg, 44; Punxsutawney, 8; Johnstown, 5; Meadville, 5; Scranton, 11; Wilkes Barre, 14; Wilkesburg, 10; Washington, 4; Williamsport, 4; Maryland, 5; New Jersey, 5; Ohio, 6; New York, 4.

Philadelphia.—THE PENNSYLVANIA HOSPITAL NURSES' ALUMNÆ ASSOCIATION has held its regular monthly meetings with good attendance. An interesting meeting was held at the Nurses' Home on April 20. After the business was transacted Margaret Lehmann, superintendent of the Visiting Nurse Society, addressed the meeting, awakening the interest of all who heard her in the work of the visiting nurse among the poor and small wage earner. Cora McNinch and Margaret Montgomery were appointed delegates to the Associated Alumnæ. At the last meeting a motion was made to set aside a sum of money and appoint a committee to take up the question of providing means whereby families in moderate circumstances can secure the services of a graduate nurse, and at the same time the nurse be paid her regular fee. It is the intention to call a meeting of nurses in the city and make plans for starting a fund for this purpose. A dance was given in Houston Hall in April which was enjoyed by all. At the annual meeting, June 6, there will be a reunion of the graduates of the hospital since the founding of the training school, in 1886, and the association is expecting a large attendance.

THE HOWARD HOSPITAL ALUMNÆ ASSOCIATION at its May meeting elected the following officers for 1910-11: president, Hettie MacNab; vice-president, Ellen Mitchell; secretary, Mrs. Lesley K. Roller; treasurer, Viola Underard.

CAROLINE PRICE has resigned her position as chief nurse of South-Eastern Dispensary of Obstetrics to take up private nursing. She is succeeded by Florence M. Biddle. Judith Houghton has resigned her position as chief operating-room nurse at the Orthopædic Hospital to become housekeeper at Howard Hospital. Mary Gallagher has been appointed head nurse of a ward at St. Francis' Hospital, Pittsburgh. Dr. H. M. Righter and Ellen Mitchell have purchased Delancy Hospital, Miss Mitchell to be superintendent.

THE WOMAN'S HOSPITAL NURSES' ALUMNÆ ASSOCIATION held its monthly meeting at 922 Spruce Street, on May 11, with eleven members present. The reports of the recording secretary, treasurer, and corresponding secretary were accepted. The finances of the association are in a very satisfactory condition. Four new members were admitted at the April meeting, at which time members

of other *alumnæ* associations were present, by invitation, to hear Miss Mary Blakiston of the Civic Club speak on Playgrounds and Summer Schools. Money has been collected by a committee appointed for the purpose for placing a marker on the grave of one of the oldest graduates, Florenda C. Gray, who died some time ago in a hospital in Tacoma, Washington. Helen F. Greaney was made the representative of the *alumnæ* to address this year's graduating class at the commencement on May 25 at the hospital. There are ten graduates. The tea given each year to the graduates by the *alumnæ* will be on May 26 at the Philadelphia Club. The Association directed the corresponding secretary to write to Dr. Blackburn, secretary of the State Board of Nurse Examiners, its approval of the action taken by the State Board on the articles which have appeared in the press attacking registration. The next meeting will be held on June 11.

Scranton.—THE STATE HOSPITAL TRAINING SCHOOL ALUMNÆ ASSOCIATION held its regular monthly meeting at the hospital on April 14, Mrs. Coppinger presiding. After reports were read and accepted, a rising vote of thanks was given to Mary Tigue, chairman of the arrangements committee, for the banquet given at the Hotel Jermyn on March 15, which was a great success. The resignation of Harriet Gibson, president of the association, who has recently been married, was read and accepted, Mrs. Coppinger was elected to fill the vacancy. Four new members were accepted. An interesting letter from Mrs. Lewis, describing her work among the Chinese, was read.

Pittsburgh.—THE WESTERN PENNSYLVANIA HOSPITAL held graduating exercises on the evening of May 24, in Conservatory Hall. There were fifteen graduates.

THE HOMŒOPATHIC HOSPITAL TRAINING SCHOOL ALUMNÆ ASSOCIATION held its twentieth annual meeting in the chapel of the old hospital on April 16. The following officers were elected: president, Mrs. William D. McCreight; vice-presidents, S. Belle Jones, Elma Gillette; secretary, Wilhelmina Duncan; treasurer, Mary E. Cline. Mrs. Florence H. Burgess of the Gaylord Farm Sanatorium, Wallingford, Conn., was elected delegate to the Associated *Alumnæ*.

DISTRICT OF COLUMBIA

THE BOARD OF NURSE EXAMINERS at the examination just completed was accorded the use of a room in the District Building; eleven applicants were examined. The board hopes to be provided with an office in the building for its headquarters in the near future.

Washington.—THE GRADUATE NURSES' ASSOCIATION held a special meeting on April 28 to appoint the District Red Cross Committee. These names were submitted: Anna J. Greenlees, Reba M. Taylor, Mary M. Ridgway, Cora Wyncoop, Perrin Jennings. The enrolled Red Cross nurses were entertained by Miss Boardman at a tea at her residence, on May 5, to meet Miss Delano.

THE LECTURE COURSE of the Association on April 19 provided a dramatic reading by Miss Lola Lafollette on equal suffrage, followed by a talk on Sick Benefit Funds, by Miss M. E. P. Davis, who called attention to the fact that the Associated *Alumnæ* is considering plans for helping permanently disabled nurses. She emphasized the fact that the need for such a fund is becoming more and more apparent and is in line with the provision made by other professions for the relief of superannuated members. After telling about various kinds of insurance, she told why nurses should control the fund themselves, for economy and

to avoid discrimination. She advocated the establishment of a sick benefit fund for the Graduate Nurses' Association, thereby solving the problems of the small *alumnæ* associations, and of the individual nurse having residence here.

MARGARET WOODWORTH, class of 1886, Bellevue, has accepted the position of superintendent of the Children's Hospital. She has held important positions in the Indianapolis City Hospital, St. Luke's, Chicago, Massachusetts Homœopathic Hospital, Boston, and the Children's Hospital, Boston, where for four and a half years she has been assistant to Sister Amy. Her assistant will be Emily M. Mason, a graduate of Michael Reese Hospital, Chicago, who has been assistant superintendent there and night supervisor at the Children's Hospital, Boston. The surgical division of the hospital will be in charge of one of its graduates, Irene V. Brarborne, class of 1909, who has taken graduate work in orthopædics at the Children's Hospital, Boston.

MARYLAND

Baltimore.—THE UNIVERSITY OF MARYLAND HOSPITAL graduated a class of 20 nurses the first week in May.

THE HOSPITAL FOR THE WOMEN OF MARYLAND, having been rebuilt and reorganized, was opened for work this spring. Miss Stone, Miss Dockwell, and Miss Owens, respectively superintendent, assistant superintendent, and head nurse of the public ward during the reorganization period, have resigned their positions and been succeeded by Frances Butler, and Bessie Baker, Johns Hopkins graduates, and Miss Israels. The nursing staff is entirely graduate.

VIRGINIA

THE GRADUATE NURSES' EXAMINING BOARD OF VIRGINIA will begin its regular semi-annual examination of nurses in Richmond, at 9.30 A.M., Wednesday, June 15, 1910, at 201 E. Cary Street.

Application forms can be procured from the secretary, Mrs. S. T. Hanger, Waverly Boulevard, Portsmouth, Va. Applications should be filed with the secretary, with fee of \$5 ten days before the date of examination.

S. H. CABANISS, R.N., President.

L. DEL. HANGER,

Portsmouth, Va.

Secretary-Treasurer,

Richmond.—THE VIRGINIA HOSPITAL TRAINING SCHOOL held its fifteenth annual commencement exercises in the Elks' Home on May 12. There were seven graduates. Dr. William L. Gordon delivered the address, Dr. Stuart McGuire presented the diplomas, and Dr. Stuart McLean the pins. A pretty reception and dance followed the exercises.

THE VIRGINIA HOSPITAL ALUMNÆ ASSOCIATION held its regular meeting May 3. Officers were elected as follows: president, Naomi A. Simmons; vice-president, Clara Chalk; secretary, Ellen Goss; treasurer, Annie M. Snoddy. Miss Simmons was also elected delegate to the Associated Alumnæ.

ELLEN GOSS, class of 1905, Virginia Hospital, has resigned her position as assistant superintendent at Rex Hospital, Raleigh, N. C., and has again entered private nursing in Richmond,

THE WILLIAM BYRD HOSPITAL held its first commencement exercises at the Elks' Home on May 4, two nurses having completed the course.

THE RICHMOND INSTRUCTIVE VISITING NURSE ASSOCIATION has found it necessary to redistrict the city and will put two more district nurses into the field.

Catawba.—THE CATAWBA SANATORIUM FOR TUBERCULOSIS has established a training school for tuberculosis nurses, offering a two-year course with an allowance of \$15 a month the first year, and \$20 the second. Because of the difficulty in getting nurses who are willing to nurse tuberculosis, it seems well to have this special training school, and it is hoped good women will volunteer and meet the need. Nellie C. Carhart, R.N., a graduate of the Virginia Hospital, is superintendent.

Norfolk.—THE SARAH LEIGH HOSPITAL ALUMNÆ ASSOCIATION at its annual meeting in April elected the following officers: president, Julia Mellichamp; vice-presidents, Loula Odom, Elizabeth Williams; secretary, Mrs. M. B. Waldron; treasurer, Lillian Balderson; chairman educational programme committee, Nannie Newby; chairman social programme committee, Martha Kirby. After the business meeting, the members were entertained by the hospital faculty.

WEST VIRGINIA

THE WEST VIRGINIA STATE BOARD OF EXAMINERS will hold its next examination at the Capitol building, Charleston, June 17, at 9 A.M. All candidates should apply at once to the undersigned.

GEORGE LOUNSBERY, M.D., Secretary,
Charleston, West Virginia.

NORTH CAROLINA

THE BOARD OF EXAMINERS OF TRAINED NURSES OF NORTH CAROLINA will meet at Wrightsville Beach, Seashore Hotel, June 21, and will continue in session three days.

ANNE FERGUSON, R.N.,
Secretary-Treasurer.

THE NORTH CAROLINA STATE NURSES' ASSOCIATION will hold its eighth annual meeting at Battery Park Hotel, Asheville, June 8, 9, and 10. The opening session will be held the evening of June 8. Ample accommodations may be had at Battery Park Hotel, special rates are offered nurses in attendance. Nurses may write to Battery Park and Swananoa Hotels for rates, and rooms should be engaged early if possible.

MARY SHEETZ, R.N., Secretary.

GEORGIA

THE STATE BOARD OF EXAMINERS OF NURSES FOR GEORGIA held a written examination May 4, 1910.

Medical Nursing Including Contagious Diseases.—1. How should you ventilate a patient's room in cold weather? 2. How are bed sores caused, prevented and cured? 3. How is typhoid spread, and what precaution should be taken in nursing contagious cases? 4. State most important points in nursing typhoid. 5. State most important points in nursing tuberculosis of the lungs, regarding patient and the public. 6. State most important points in nursing scarlet fever. 7. What complications are liable to occur in scarlet fever? 8. What special care should be taken in nursing convalescents from scarlet fever? 9. How should

you disinfect yourself, patient and room after such a case? 10. State most important points in nursing diphtheria.

Surgical Nursing including Gynæcology.—1. Name three minor gynæcological operations. 2. Give usual preparation of patient for the same. 3. How would you prepare and give a "hot sterile douche"? 4. Define cystitis and explain how such a condition may be produced by a nurse. 5. Describe preparation for, and technic to be observed, in catheterization. 6. What is meant by general anæsthesia? 7. How would you prepare patient for same, when no special orders were given? 8. What nursing care would you give a patient after an abdominal section? 9. Give symptoms and nursing treatment of shock, following an operation. 10. How would you sterilize instruments? Should instruments with a cutting edge be treated in the same manner?

Elementary Bacteriology.—1. What conditions are conducive to the development of bacteria? 2. What are pathogenic bacteria? 3. What is meant by infection? 4. What is meant by immunity? 5. What is the special advantage of sterilization by steam under pressure? 6. What effect has prolonged sunlight on tubercle bacilli? 7. Give the best method of destroying the sputum of tuberculous patients. 8. What causes pus in wounds? 9. What causes milk to sour? 10. What causes fermentation?

Dietetics.—1. What are the principal chemical elements in the body? 2. State the three great classes of food, and give uses of each in the body. 3. What is the food value of milk? Give its composition. 4. Define sterilization and pasturization, and state the disadvantages of each. 5. Name three of the most important of the nitrogenous foods. 6. In cooking starchy foods, such as cereals, what should be remembered? 7. Give method of making beef tea, and state its value in a sick room. 8. What is the best way to cook a soft egg, and how would you make a plain omelet? 9. What is essential in making a cup of tea? 10. (a) Give an outline of diet for a convalescent typhoid patient. (b) One for a diabetic patient.

Materia Medica.—1. Give, in English, the meaning of each of the following abbreviations: p. r. n.; a. c.; p. c.; alt. hor.; alt. noc; gtt; ad; sig; ad lib q. s.; o. 2. How and when should tr. of iron be given? 3. Name three hypnotics; state the dose of each and mention the best time to administer each. 4. If ordered to give either of the following drugs: t. i. d., Fowler's solution of arsenic, potassium iodide, when would you administer it and how would you dilute it? 5. What strength of the solution of bichloride of mercury would you prepare for disinfection of the hands? How would you make the following solutions: normal saline; saturated boric acid; 5 per cent. carbolic acid? 6. Mention five purposes for which enemata may be given, and describe the mode of giving one. 7. Name the chief preparation of the following drugs, and give the average dose of each: strychnia; digitalis; belladonna; aconite; morphia. State the first symptoms of over dosing to be watched for when giving these drugs, and what you should do until the doctor arrives. 8. How would you prepare and give a hypodermic dose of strychnia gr. 1-30 from tablets gr. 1-60; of morphia gr. 1-16 from tablets gr. 1-4? 9. Define cathartic, purgative. State the difference between a drastic and a hydragogue cathartic, and describe the action of a saline cathartic. 10. What is the difference between a fluidextract and an extract?

Obstetrics.—1. What is the duration of pregnancy, and how would you cal-

culate the probable date of confinement? 2. Name the stages of labor, and define each. 3. How would you prepare a bed for a labor case? What are the necessary articles to have in readiness, for the use of doctor and nurse, when labor is in progress? 5. During the puerperium, how frequently should the perineal pads be changed, and how would you proceed to do it? 6. What diseases should be avoided, prior to nursing an obstetrical case? 7. Name one of the complications that may occur immediately after labor and what the nurse should do, during the absence of the doctor. 8. What is meant by "child-bed" infection, and how may it be conveyed? 9. What care should be given the nipples of the mother, after confinement? 10. In caring for an infant, what parts of the body should have particular attention?

Nursing Care of Children.—1. Describe method of giving the infant its first bath. 2. How would you care for an infant's mouth and eyes? 3. What simple remedies may you use to relieve colic? 4. What should be avoided in all infantile ailments? 5. What would you do for a child in a convulsion, before the arrival of the doctor? 6. What means could you employ to relieve a child having croup? 7. What precautions would you observe in a case of dysentery, while awaiting doctor's instructions? 8. Give general outline of treatment in the nursing care of a child ill with pneumonia. 9. How would you make a pneumonia jacket? 10. How would you give a hot wet pack?

Elementary Anatomy and Physiology.—1. Name the different organs contained in the thorax; name those contained in the abdomen. 2. Name the three solid food stuffs; where is each digested? 3. What is bile and what are its functions? 4. Define nutrition; name the digestive organs. 5. What takes place in the lungs during respiration? Name, in order, the divisions of respiratory tract. 6. Where are the kidneys situated? State their function. 7. Of what is the nervous system composed? 8. What is bone and how is it affected by diet? 9. What is the synovial fluid? 10. What is gastric juice and in what part of the alimentary canal is it secreted?

TENNESSEE

Memphis.—THE MEMPHIS AND SHELBY COUNTY GRADUATE NURSES' ASSOCIATION met in the club room of the Nineteenth Century Club on March 2 for the annual election of officers which resulted as follows: president, Sarah F. Woodward; vice-presidents, Anna E. Burton, Corinne Buford; secretary and treasurer, Mary Deans. The name of the association has been changed from The Memphis Graduate Nurses' Association to its present title, and has taken in several new members during the past year. Four years ago the association joined the Tennessee State Federation of Women's Clubs and has since then contributed annually to the East Tennessee Settlement Work, and in addition to this, \$100 to the Baptist Memorial Hospital of Memphis.

KENTUCKY

Louisville.—THE JEFFERSON COUNTY CLUB'S Executive Committee has filled the position of registrar of the central directory left vacant by the recent death of Miss Katherine O'Connor, by appointing Miss Jo O'Connor, one of their oldest and best-known nurses, as her successor.

OHIO

Cincinnati.—THE JEWISH HOSPITAL ALUMNÆ ASSOCIATION held its April meeting at the hospital on the 1st. Though few were in attendance, important business was transacted. A committee was chosen to name three members, one of whom would be chosen by ballot as delegate to the Associated Alumnæ. The advisability of revising the constitution was discussed. Two letters were read from absent members, Mrs. George Ilsen and Miss Waddell.

On May 6, a regular meeting was held and the following officers elected: president, Elizabeth Pierce; vice-president, Hortense B. Rose; secretary, Ruth Ardill; treasurer, Isabel Ardill; corresponding secretary, Ernestine Mielziner; councillors, Alice M. Arnett, Sara Barclay; delegate to Associated Alumnæ, Elizabeth Pierce. Several articles of the constitution and by-laws were altered. The management of the Sick Benefit Fund was placed in the hands of the Executive Committee. In conjunction with the president, Miss A. Roberts and Miss Scott were appointed to act on the programme committee. After the disposal of business Miss Rose read her own and Miss Dooley's excellent papers on "A Summer in the Boston Floating Hospital." Much regret was expressed at the retirement of our efficient president, Miss M. M. Roberts, who was forced to give up the office on account of other duties.

Akron.—THE CITY HOSPITAL OF AKRON held commencement exercises on the evening of May 9, at the First Presbyterian Church. Addresses were given by Dr. S. N. Watson and Dr. H. H. Jacobs. The diplomas were presented to the seven graduates by Mr. Ohio C. Barber.

MICHIGAN

THE MICHIGAN STATE BOARD OF REGISTRATION OF NURSES will hold an examination of applications and applicants, June 22 and 23, at the capitol, Lansing.

F. W. SHUMWAY, M.D., Secretary.

Detroit.—FARRAND TRAINING SCHOOL FOR NURSES held its annual commencement on the evening of May 10, at the chapel of the First Presbyterian Church. A reception followed at the Nurses' Home. There were 22 graduates.

WISCONSIN

THE WISCONSIN ASSOCIATION OF GRADUATE NURSES held a regular meeting on April 26, at Hotel Pfister, Milwaukee. The meeting was called to order by the president, Miss Helen W. Kelly. Minutes of last meeting were read and approved. Owing to bad weather and a great deal of sickness in Milwaukee, the nurses were unable to attend the meeting, therefore there was no quorum for the transaction of business. However, the programme, which was carried out, was very interesting. Dr. Charles H. Stoddard addressed the association on "The Duties and Opportunities of Nurses in the Anti-Tuberculosis Crusade." The doctor requested the association to pass a resolution to send a communication to superintendents of training schools throughout the state, requesting them to devote special time to the teaching of nurses on the care of tuberculosis and its prevention. The meeting was made still more interesting by the presence of Dr. Caroline Hedger of Chicago, who gave a talk on the movement she has on hand for a Fresh Air School for ill-nourished and sickly children. Minnie Ahrens, Provident Hospital, Chicago, spoke on the advantages of organization.

Immediately after the adjournment of the general meeting, the directors held a meeting at the same place, the president calling the meeting to order.

Present: Helen W. Kelly, Susie Rowan, Anne A. Ambridge, Maud G. Tompkins, Mabel C. Bradshaw, Katherine Maher, Regine White, Mina Newhouse, and Gertrude Isermann.

Minutes of last meeting were read and approved. A motion was duly made, seconded, and carried that the \$25.00 voted by members at a regular meeting, March 31, be sent to the JOURNAL Purchase Fund. The proposed resolution of Dr. Chas. H. Stoddard, pertaining to special instruction on tuberculosis of pupil nurses, was adopted by the Board of Directors, and copies of such a resolution will be sent to superintendents of training schools in the state. The president had a communication from Miss Delano which called for names of members of the association to be forwarded to her for the purpose of selecting a state committee for the Red Cross. Upon a motion duly made and seconded, the selection of such names was left to the president. The secretary presented the names of four applicants. After considering the above mentioned persons, they were found eligible, and upon a motion duly made and seconded, they were placed on the Association record as members. The invitation of Miss Maher to hold the general meeting June 28 in Oshkosh, Wisconsin, was accepted.

On motion the meeting adjourned.

REGINE WHITE, Secretary.

Milwaukee.—PRIVATE DUTY NURSES, Mrs. Margaret Johnson, the Misses Clara McDowell, Mary E. Diamond, Isabel Braden, and Sophie M. Jefferson, left for Montana, where they will remain six months on their land claims.

Wauwatosa.—LUCY A. POTTER, night superintendent, Milwaukee County Hospital, has resigned her position. She is succeeded by Emma A. Katz, graduate Michael Reese, Chicago. Mary E. Kilcoyne, for two years head nurse in the Annex Milwaukee County Hospital, has entered the Army Nursing Service and has been assigned to duty in the General Hospital at the Presidio.

MINNESOTA

THE MINNESOTA STATE BOARD OF EXAMINERS OF NURSES will hold an examination for state registration of nurses Friday, June 24, 1910, at 9.00 A.M., at City and County Hospital, St. Paul, Minn.

Applications may be obtained by applying to the secretary, Helen M. Wadsworth, 1502 Third Avenue S., Minneapolis, Minn., and should be in the hands of the Board of Examiners twenty days before date set for examination. Applicant will then be notified if eligible. No person will be admitted for examination who has not previously filed an application for registration on the forms furnished by the board and been notified to appear for examination.

THE TRAINING SCHOOL SUPERINTENDENTS OF ST. PAUL AND MINNEAPOLIS, who have met informally, monthly, since September, 1907, organized January 15, with a charter membership of eight. The name of the new organization is the Twin City Training School Superintendents' Association. Members must be graduate, registered nurses, active at the time of their application and election, as executive heads of hospitals or training schools for nurses, or assistants. Meetings will be held monthly at the different institutions in both cities for the discussion of papers on teaching and other phases of the work. A short

social hour with light refreshments will aid in making the gatherings more interesting. The officers elected are as follows: president, Eleanor Weston, Northwestern Hospital, Minneapolis; vice-presidents, Adah Patterson, St. Luke's Hospital, St. Paul, and Elizabeth Peterson, Swedish Hospital, Minneapolis; secretary and treasurer, Bertha Erdmann, University Hospital, Minneapolis.

Minneapolis.—BERTHA ERDMANN has resigned her position as acting superintendent and superintendent of nurses of the University Hospital, to take effect July 1.

ILLINOIS

Chicago.—RACHEL G. BLANCHARD, class of 1906 the Presbyterian Hospital, has recently been appointed superintendent of the Detention Home, which is in connection with the Juvenile Court. Cora V. Johnson, class of 1907, has returned to the hospital as night superintendent, this position having been made vacant by Gertrude McKee, who has gone to the Children's Free Hospital, Milwaukee, Wis., as assistant superintendent. Gertrude E. Craig, 1908, has accepted the position of night superintendent of the Sheppard and Enoch Pratt Hospital of Baltimore. Mrs. Minnie Tallan Taylor, 1909, and husband have sailed for Honolulu where they expect to make their future home. Bessie L. Ruwitch, 1909, has accepted the position of Community Nurse at the Chicago University Settlement. Mrs. Myrtle C. Rasmussen, a member of the graduating class, has been appointed a head nurse in the State Hospital for Insane at Mendota, Wis., and Anne K. Simon of the same class remains in the hospital as one of the surgical nurses.

THE GRADUATING EXERCISES of the school were held at the Nurses' Home Tuesday afternoon, April 26, twenty-six young women receiving diplomas. Dr. Henry B. Favill and the Rev. Dr. Vance addressed the class and a short reception followed the exercises. The graduates were entertained the same evening by the members of the *alumnæ* at a banquet at the Great Northern Hotel.

THE ILLINOIS TRAINING SCHOOL ALUMNÆ ASSOCIATION at its April meeting had for its programme nine papers on different aspects of gonorrhœa.

MERCY HOSPITAL issues its sixtieth annual report, well illustrated and full of interest. The hospital buildings and service are described minutely.

THE PASSAVANT MEMORIAL HOSPITAL held its graduating exercises on the evening of May 12, at Trinity Lutheran Church. Addresses were made by Dr. Robert H. Babcock, Dr. John Timothy Stone, and Miss McIsaac. The diplomas were presented by Mr. Arthur B. Wells. There were six graduates.

ST. LUKE'S ALUMNÆ ASSOCIATION at its May meeting had several ten minute papers on "How a Nurse Can Broaden Her Outlook."

JANE TAYLOR, class of 1896, St. Luke's, is on duty at the Mayo Brothers' Hospital, Rochester, Minn.

INDIANA

THE INDIANA STATE NURSES' ASSOCIATION held its semi-annual convention in Terre Haute on April 21 and 22, and never has it had a more interesting one. The following papers were read: "Operating Technique in Private Homes," W. E. Bell, M.D.; "The Florence Crittenton Home Work," A. Jeannette Smith; "District Nursing," Mrs. F. J. Moir; "School Inspection," Millard Knowlton, M.D.; "The Relation of the Nurse to the Doctor," Walker Schell, M.D.;

"Has the Nursing Profession Benefited by State Registration?" L. M. Cox; "Nursing Ethics in Private Duty," Miss Duncan; "We Finish but to Begin," Mrs. L. A. Edgerly; "The Adaptability of the Nurse to the Private Home," Mrs. M. W. Nees. All were interesting and profitable. Twenty-seven new members were elected, and the delegate to the Associated Alumnae, Anna Rein, was instructed to pledge for Indiana fifty dollars more to the JOURNAL Purchase Fund. It is hoped that Miss DeWitt, who had been expected, may attend the annual meeting in October.

MAE D. CURRIE, R.N., Secretary.

IOWA

THE IOWA STATE ASSOCIATION OF REGISTERED NURSES held its seventh annual convention in Des Moines, May 12 and 13, at the Savery Hotel. Thursday was occupied with business, reports and the president's address, with a theatre party in the evening. On Friday the following subjects were presented: "History of Visiting Nursing," Mrs. Jennie H. Dodge; "Prevention of Infant Mortality," Marienne Zichy; "Public School Nursing," Emma Wilson; "Red Cross Corps Work," Aurilla J. Perry; "Nursing and Sanitation in Panama," Mrs. Hiram J. Slifar, Vice-president Panama Women's Club.

MISSOURI

St. Joseph.—THE ST. JOSEPH'S HOSPITAL NURSES' ALUMNAE ASSOCIATION gave a card party and musicale at Prinz's Academy on April 14, the proceeds of which will be used for furnishing a room at the hospital.

WASHINGTON

Seattle.—THE KING COUNTY GRADUATE NURSES' ASSOCIATION held its regular meeting at the registry, May 2, with seventeen members present. The meeting was called to order by the vice-president, Mrs. Farrall. Minutes of the previous meeting read and approved. Report of the registry for month of April, read and ordered placed on file. The committee on revision of constitution reported progress and asked for more time. Mrs. Farrall was appointed delegate to the state meeting to be held in Spokane, June 8 and 9. Mrs. Farrall addressed the members on being loyal to the association and asked them to do all in their power to make the meetings interesting and helpful. Dr. Marsh-Armstrong gave a very interesting lecture on "Pregnancy and the Menopause." After a vote of thanks to the doctor the meeting adjourned.

Tacoma.—THE PIERCE COUNTY GRADUATE NURSE ASSOCIATION held its regular meeting April 4, at the Nurses' Home of the F. C. Paddock Hospital. There were twenty-eight members present. Various reports were read, also minutes of previous meeting. After brief discussion relative to the affiliation of the association with the Washington State Federation of Women's Clubs, the matter was laid over until the next meeting, giving the committee an opportunity to collect information on the subject. Papers were read on the tuberculosis problem. After adjournment refreshments were served by the nurses from the Northern Pacific Hospital.

The May meeting was held in the same place on the 2nd, fifteen members being present. Minutes of last meeting were read and approved. Treasurer's report was read by Miss Curry, in the absence of Miss Rose. The standing

committee report was read by the chairman, Miss Weller. There was no report from the committee appointed to gather information on the association's joining the Federation of Women's Clubs. The committee on resolutions reported on the death of Margaret Brennan, a copy of the resolutions to be sent to the *Nurses' Journal*, and also to the family. Three applications for membership were received. Delegates appointed to attend the annual state meeting in June, to be held in Spokane, were, Mrs. Cummings, and Misses Weller, Curry, and Mulroy; the alternates, Misses Phillips, Juergens, and Morris. An instructive article on typhoid fever was read by Misses Weller, Larsen, Mulroy, and Powell. Miss Weller then made timely remarks on the subject; and Miss Morris related an interesting experience in her work. The members listened with pleasure to vocal solos by Mrs. McCabe, head nurse in the surgery of the F. C. Paddock Hospital. After adjournment, dainty refreshments were served by Miss Weller.

CALIFORNIA

Sacramento.—CATHARINE L. MORGAN, of Toledo Hospital, Toledo, Ohio, has taken charge of the operating rooms in the White Hospital.

CANADA

Winnipeg.—THE WINNIPEG GENERAL HOSPITAL NURSES' ALUMNÆ ASSOCIATION issues an alumnæ journal, bound in a pretty shade of blue, which is now in its second volume. The number at hand contains bright interesting and thoughtful articles and the news notes which are of interest to the association.

Toronto.—THE TORONTO GENERAL HOSPITAL held the closing exercises of the graduating class in the amphitheatre of the hospital on May 27. The address was given by J. W. Flavelle, LL.D. The diplomas and badges were presented by Sir William R. Meredith. The prizes were presented by the donors. The following scholarships and prizes were awarded: Scholarships, senior year, The General Proficiency Scholarship (\$50), Jean E. Brown and Marion E. Miles, equal \$25 each; The J. D. Patterson Scholarship (\$50), surgical technic and aseptic surgery, Bessie M. Millman; The H. A. Bruce Scholarship (\$50), operating-room technic, Isabella Fergusson. Prizes, senior year, Laura A. Gamble, first—The Charles O'Reilly Prize; Margaret Telfer, second—The Walter S. Lee Prize; P. Margaret Green, third—The R. L. Patterson Prize. The J. N. E. Brown Prize, practical nursing, Agatha V. Gamble; The Mrs. R. B. Hamilton Prize, for neatness and order in bedroom, Florence Brand and Christina McPhail, equal. Scholarships, intermediate year, The Mrs. W. T. White Scholarship (\$50), for general proficiency, Olive Gertrude Lowes; The Arthur McCollum Memorial Scholarship (\$50), in the junior year for general proficiency, Birdie Beatrice Pollard. There were thirty-eight graduates. A reception followed the exercises, on the hospital grounds.

BIRTHS

ON April 7, a daughter, Joan Wise, to Mr. and Mrs. E. R. McGregor.

ON March 31, at Falls Creek, Pa., a daughter to Mr. and Mrs. Dennison. Mrs. Dennison was Nellie Smith, class of 1908, Pennsylvania Hospital, Philadelphia.

ON April 3, at Pittsburgh, Pa., to Mr. and Mrs. Charles Louis Criss, a

daughter. Mrs. Criss was Lucy V. Criss, class of 1900, Presbyterian Hospital, Philadelphia.

ON April 13, at Hancock, N. H., a daughter to Mr. and Mrs. Charles W. Crouch. Mrs. Crouch was Mary V. Andrews, class of 1904, Kings County Hospital, Brooklyn.

ON February 9, a daughter, Kathryn Elizabeth, to Dr. and Mrs. A. H. Flickwir. Mrs. Flickwir was Nettie Ginn, class of 1900, Kankakee Hospital for Insane, Kankakee, Ill.

ON April 14, at Calgary, Canada, to Mr. and Mrs. Frank E. Schmidt, a daughter. Mrs. Schmidt was M. Irene Staebler, class of 1907, Pennsylvania Hospital, Philadelphia.

ON March 31, at Cumberland, Md., a son to Dr. and Mrs. James T. Johnson. Mrs. Johnson was Ida C. Mathis, class of 1891, University of Pennsylvania Hospital, Philadelphia.

ON March 2, at Richmond, Va., a daughter, Elizabeth Jones, to Mr. and Mrs. William H. Campbel. Mrs. Campbel was Elizabeth Jones, class of 1908, Virginia Hospital Training School.

ON April 30, at Akola, India, a daughter to Mr. and Mrs. Harold Klosz. Mrs. Klosz was Etha Butcher (Johns Hopkins, 1891), for some years superintendent of nurses at the Hoyt Memorial Hospital, Jhansi, India, and now editor of the *Nursing Journal of India*.

MARRIAGES

ON April 27, at Washington, D. C., Hildgarde Annie Austin, class of 1896, Mt. Sinai Training School, to George Wilson Terry Mills, M.D.

ON March 31, at Hackensack, N. J., Janet May Dunlop, class of 1904, New York Hospital Training School, to Arthur Sherwood Corwin, M.D., of Rye, N. Y.

AT Milton, Ontario, Laura Andrew, class of 1907, St. Luke's Hospital, Chicago, to Michael Charles Braden. Mr. and Mrs. Braden will live in Chicago.

ON April 5, at Lake City, S. C., Edith Carter, class of 1909, Memorial Hospital School for Nurses, Richmond, Va., to J. Lasia Jones, M.D. Dr. and Mrs. Jones will live in Richmond.

ON April 30, in Brooklyn, N. Y., Ruth Anna Barnum, class of 1908, Long Island College Hospital, to Frederick Leslie McCrea, M.D. Dr. and Mrs. McCrea will live in Port Jefferson, L. I.

ON April 6, at Wilkes-Barre, Pa., Harriet B. Gibson, graduate of the State Hospital, Scranton, Pa., to L. S. Johnson, M.D. Mrs. Johnson has been assistant superintendent of the State Hospital, and at the time of her marriage was president of the Alumnae Association. Dr. and Mrs. Johnson will live in Chicora, Miss.

DEATHS

ON March 11, in New York, Mrs. R. B. Culbert, graduate of the New York Hospital Training School.

IN December, 1909, Tillie Bushnell, class of 1900, University of Pennsylvania Training School, of peritonitis.

ROSE STREET, a member of the graduating class of the Long Island College Hospital Training School, died suddenly. She was a sister of Stella Street, one of the alumnae of the school.

ON September 1, 1909, in Middletown, N. Y., Mrs. Clara Dorrance Snyder. Her fellow alumnæ feel profound regret at her death; they have lost a faithful member whose kindness and unselfish life made her an example of devotion.

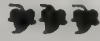
ON May 4, at sea, Elizabeth Parry Upjohn, graduate of St. Luke's Hospital, Utica, N. Y., superintendent of nurses of the Out-patient Department of the Consumptives' Hospital, Boston. Miss Upjohn sailed on the Kroonland from New York, on April 30, to spend her holiday with a sister in Holland.

ON May 5, at Chicago, Elizabeth Daisy Dean, class of 1898, St. Luke's Hospital, and superintendent of Frances Willard Hospital. Miss Dean was prominent in all the work of her alumnæ association and her death is a shock and grief to her friends, coming, as it did, suddenly, after only a few hours' illness.

ON March 16, in Waterbury, Conn., Lena Baer, class of 1909, Saratoga Hospital Training School. While nursing a typhoid patient, Miss Baer contracted the disease, pneumonia developed, and after a week's illness, she died. Miss Baer was a good and conscientious nurse, beloved by her patients; she will be greatly missed by her school friends.

ON May 5, at Virginia Hospital, Richmond, Va., after a long and trying illness, Madge Paxton Flippo, class of 1905, Virginia Hospital Training School. Miss Flippo was a noble woman, genuine, self-sacrificing, true to her patients, herself, and her profession. "None knew her but to love her," and the profession as well as her fellow alumnæ feel deeply their loss.

BOOK REVIEWS



IN CHARGE OF

M. E. CAMERON

SELF-HELP AND SELF-CURE.—A PRIMER OF PSYCHOTHERAPY. By Elizabeth Wilder, and Edith Mendall Taylor. Small, Maynard & Company; Boston.

“We are made harmonious. When we disobey laws—physical, mental, and spiritual—we create a discord. If this discord is persisted in, it in turn creates disease. Therefore, if one has any functional disease, first discover what law has been disobeyed. Usually this comes to facing, What wrong thought have I indulged in? After this question has been honestly answered, assert, ‘I will be led by the Spirit. I hold remedial powers in myself. These will cure. I shall be well. I shall do better in the future.’” Such is the teaching of the rather remarkable little primer of psychotherapy, the collaboration of two Boston ladies. The book is quite small, a little more than one hundred pages, but it contains all the uplifting and helpful utterances of the wisest and kindest writers in a generation. It is indeed largely made up from telling quotations, which are used by the authors for confirmation of their contention for the unity of body, mind, and spirit. The book is divided into three parts: The body, the mind, and the spirit. The body, to be, as the author expresses it, “the physical expression of the soul,” requires well oxygenated blood, and to attain this we are given the following as necessary—diet, air, cleanliness, exercise, avoidance of fatigue, cultivation of good physical habits, sleep and rest.

The mind claims from us self-control, and here too we have a list of habits to be acquired—so as to bring the mind into unity with the body and the spirit: We are to *avoid fear* and to *create the habit of hope*, to *avoid worry* and *create the habit of cheer*; *avoid depression* and *create joyful emotion*; to *avoid anger* and *create the habit of serenity*; to *avoid the habit of vagueness*, and *create the habit of decisive conclusion*; to *avoid the habit of haste*, and *create the habit of quietness*.

The third great factor in this unity is the spirit. Spiritual habit we are told is to be acquired “by taking thought. By means of the Christ ideal. By fixed determination.” “Spiritual grace cannot come in a moment; the desire for it may be instantaneous; but the habit

of it comes only by degrees." "Spiritual habit must be fostered by assertion and repetition, if it is to become established. This attitude must never vary because God is unchangeable; its direct efficacy will never be lessened because God is eternally sure." Having then acquired this unity of body, mind, and spirit, man becomes master of himself, "he can use physical agents to the best advantage, can husband his forces to prevent undue strain, can regulate his nerve fluid supply, can avoid the mental ills caused by weak or wrong reasoning." The reader is made to ask the question: "*Would you take medicine for organic diseases?*" and the answer is "Most certainly," and furthermore the questioner is directed to call a skilled physician and submit obediently to all medical direction. And the first and last words are alike "Form correct habits, physical, mental and spiritual; guard them; love the Father with all your soul; keep ever before your eyes the Christ ideal."

" ' Strive and thrive ! ' cry ' Speed,—fight on, fare ever
There as here ! ' "

SOME WONDERS OF BIOLOGY. By William Hanna Thomson, M.D., LL.D. Dodd Mead and Company, New York.

Those who followed Dr. Thomson's Essays on Biological Subjects, which appeared from time to time in *Everybody's Magazine*, will welcome their reappearance in book form. The present volume contains "Brain and Body," "The Real Self and Drugs," "The Nervous System and the Blood," "Indispensable Bacteria," and some others. Read in connection with the other book reviewed, the essay "Brain and Body" comes as a most enlightening commentary.

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Annual meeting to be held in Boston, 1911.

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EDITORIAL COMMENT



THE MAY MEETING

FULL and interesting reports of the recent meetings in New York of the Superintendents' Society, the session on Invalid Occupations, and of the Nightingale Commemoration will be found in the official department of this magazine, and we hope to give next month the complete report of the Associated Alumnae meeting, with the papers read. Though there was no lack of inspiration, enthusiasm, and good fellowship, there was an air of quietness and repose in the convention, caused partly by the fact that our thoughts were turned toward Miss Nightingale's quiet room across the sea, partly by the shadow of Mrs. Robb's loss, partly by the thought that several of our leading women in both societies were kept from their accustomed places by illness.

THE ISABEL HAMPTON ROBB MEMORIAL.

Both the Superintendents' Society and the Associated Alumnae wished to commemorate in some fitting way Mrs. Robb's services to nursing education. It was decided that a fund for post-graduate work, to be available as soon as the interest is sufficient, should be established, for the use of students, either in the course of Nursing and Health at Teachers' College, or in any other properly equipped school.

A joint committee to have charge of this fund was appointed from the two societies.

The name of the chairman, Miss Hay, will be published in the official directory of the JOURNAL each month, with the address to which contributions are to be sent. That no special appeal is needed to interest nurses in contributing to this fund is shown by the fact that, at the

Associated Alumnæ meeting, the mere fact was announced and ushers passing through the audience collected pledges to the amount of several thousand dollars.

THE JOURNAL PURCHASE FUND.

No special appeal for the JOURNAL was made, either, but when the treasurer of the Associated Alumnæ, on the last afternoon, read a list of gifts which she had received during the convention, delegates began to rise and give pledges, and before anyone realized what was happening, the amount on hand and in prospect rose to the equivalent of eighty-three shares of stock. It is confidently expected that the purchase will be completed within another year.

THE JOURNAL'S MISSION

The JOURNAL is to be considered by all members of our national societies as not only a magazine helpful to the individual nurse in her work, but as the official organ of our national and of many of our state societies, as the place for announcement of matters of importance, as the means of keeping in touch with each other, as the connecting link between all our varied interests.

THE FIELD SECRETARY

For a long time, the need of a field secretary for the Associated Alumnæ has been more and more evident, but it has seemed impossible to pay the salary necessary to secure one. This problem has been happily solved by the suggestion of Miss Delano, the president, made at the opening meeting, and later adopted, that a field secretary be employed for the Associated Alumnæ, the JOURNAL, and the nursing service of the Red Cross, who shall go about among the societies giving her time to helping them in their needs and promoting all of these interests. Miss McIsaac has been chosen to serve as such a secretary for the coming year, beginning her work in the fall. She needs no introduction to the majority of our readers. She is known and loved and honored all over the land, and the success of the new venture could not be better secured than by putting it in her hands.

It is hoped that during the coming months she may visit many societies,—state, county, city, and local. All those who wish for her presence should begin planning now, so that in making her itinerary she may cover as much ground as possible without retracing her steps. While the salary granted her will insure the giving of her time, it will not include travelling expenses, which must be provided for by asso-

ciations she visits,—another reason for co-operation between them. Miss McIsaac's address will always be found in the official directory under the heading, Inter-state Secretary, and arrangements should be made directly with her.

MISS DAMER'S ILLNESS

By one of those unexplainable accidents which sometimes occur, every New York nurse took it for granted that the JOURNAL had been informed of Miss Damer's accident and subsequent illness and no one sent word of it until, weeks after it had occurred, a western nurse alluded to it in a letter. Even then, we could not by inquiry get more than the briefest statement, and the real facts were not known until we attended the convention, met Miss Damer's friends, and later heard from her directly. The accident was a much more serious one than was indicated by the first reports.

Miss Damer was driving the children of Echo Hill Farm to church on Palm Sunday when the horses ran away. She was hurled out, thrown against a tree, and dragged a long distance. Her head was badly injured, one eye was so affected that she has not yet recovered its use, and her face was scarred. She was under treatment in Mt. Sinai Hospital for a time, but later returned to the Farm, though she is in too weak and nervous a state as yet to take up her duties.

Miss Damer's service as president of the Associated Alumnae for six years, and her active part in all the nursing work of New York State have made her widely known and much in demand. Many hearts will sympathize with her and all will hope for her speedy restoration to health.

NEW YORK HOSPITALITY

The New York Nurses proved themselves most delightful hostesses. All the arrangements for business or for the comfort and entertainment of their guests worked smoothly and delightfully. It seemed marvellous that, in a great city, halls could be secured for the meetings, which were free from street noises where the speakers could be heard. The opportunity of visiting Teachers' College, the wonderful mass meeting at Carnegie Hall with its uplifting music, its noted speakers, and its enthusiastic audience, the receptions at Teachers' College, at the Central Club House, at the Nurses' Settlement, and at the Bellevue Residence,—the privilege of seeing the beautiful and rare paintings at Mrs. Havermeyer's home and of receiving her gracious hospitality,—and the crowning event of all, the restful boat trip—were unusual experiences to be much prized and long remembered.

The papers given were all good and there were not too many of them. The time for discussion was somewhat limited, but this seems almost unavoidable. The sessions opened and closed with satisfactory promptness, and the presiding officers of both societies were commended by all for their ease of manner and skill in conducting the proceedings.

THE POST CARD

No one who attended the meetings will forget the activity of the Illinois nurses who came with thousands of the Nightingale post-cards, and sold nearly all of them. Their generosity was twofold, for not only will the shack to be built from the funds, for nurses with tuberculosis, be open to graduates of any school, but the receipts from the sale at the convention were equally divided between the shack and the JOURNAL Purchase Fund.

THE "IMMIGRANTS"

The "Immigrants" had dinner together one evening, more than thirty being present. Miss Damer was sadly missed, and the other absent ones were remembered and accounted for as far as possible.

CHANGE IN OFFICERS

Miss Riddle, of Newton, Massachusetts, was chosen as the president of the Superintendents' Society. She hopes to spend part of the summer abroad. The Associated Alumnae's president and secretary are unchanged, but Mrs. Twiss, of New York, became treasurer, succeeding Miss Davids whose long and faithful service has been much appreciated.

THE NEW YORK INSPECTOR

THE announcement has been officially made from Albany, during the month, of the appointment of Annie W. Goodrich, R.N., as inspector of training schools under the Department of Education of the State of New York.

Miss Goodrich's broad experience in the executive management of training schools makes her appointment one of peculiar fitness. A graduate of the New York Hospital, she has held the positions of superintendent of the training schools of the Post Graduate, St. Luke's, and the New York Hospitals, and, for the past three years, of Bellevue and Allied Hospitals. There is no problem, either educational or executive, in connection with the training of nurses that she has not been called upon to deal with, and her broad experience in all organization

life of the country has given her those qualities of leadership which the position requires. Her professional experience and her personal qualifications give her those attributes which will inspire quick confidence and sympathetic co-operation from the members of her profession throughout the state with whom she will be brought in contact. She will take up the duties of this new position September 1.

MISS SAMUEL'S RESIGNATION

MARY E. SAMUEL, R.N., well known as one of the prominent superintendents of nurses in New York City, leaves her position at Roosevelt on July 1. Miss Samuel finds herself greatly in need of rest and for that reason will drop out of nursing work for some months, possibly taking a trip abroad.

It will be remembered that Roosevelt is one of the New York hospitals which shortened its term of training from three years to two, some time ago. Miss Samuel has found the shorter term a cause of great mental strain, both to herself and to her pupils, and the results have not been satisfactory to her, though she has conscientiously done her best in adjusting the necessary training and instruction to the changed conditions.

THE NEW YORK COUNTY REGISTRY

PAULINE L. DOLLIVER, for ten years superintendent of nurses at the Massachusetts General Hospital, has been appointed to the position of registrar of the central directory in New York City, to assume her duties September 1.

The appointment of such women as Miss Davis and Miss Dolliver to positions at the head of central directories justifies our prediction, made some months ago, that the establishment of central registries in the large cities offers positions of dignity and responsibility for our most able and trusted women.

DEATH OF DR. ELIZABETH BLACKWELL

A FEW months ago we commented on the death of Dr. Sarah Adamson Dolley, the second woman graduate in medicine in this country. Now comes the announcement of the passing away in Hastings, England, on May 31, of her predecessor, the first woman to graduate in medicine, and one who was known the world over.

Dr. Blackwell was born in England in 1821, and has lived there since 1869, but she came to America as a child, and it was here that she secured her medical education and did her first medical work. After

applying to all the medical schools of Philadelphia and New York, and to ten country colleges, she was finally admitted at Geneva University (now Hobart College). After graduating with honor, she studied in London and Paris, and practised in New York City, where she established the Infirmary for Women and Children, which was the first hospital conducted wholly by women. The whole story of her life, as given in *The Woman's Journal* for June 4, is fascinating reading.

A SCHOLARSHIP AVAILABLE NOW

MRS. HELEN HARTLEY JENKINS has added to her already great contribution to nursing education in offering a scholarship in memory of Mrs. Hunter Robb, to be called the Isabel Hampton Robb Scholarship. It is to be awarded to some candidate for admission to the department of Nursing and Health at Teachers' College, New York, and will be given preferably to some student who wishes to fit herself for the training of nurses.

The scholarship provides the sum of \$250 and will be available during the academic year, 1910-1911.

A candidate desiring to apply for it should at the same time apply for admission to this department of the College, in order that her eligibility may be determined.

THE RELATION OF NURSING TO GENERAL EDUCATION *

By JAMES E. RUSSELL, LL.D.

Dean of Teachers' College, Columbia University, New York City.

It is a great pleasure to welcome to this institution the representatives of a sister profession.

Teachers' College has been trying for the best part of a generation to develop a mode of training suited to the needs of teachers. We have discovered that the point of emphasis in the teacher's profession is shifting. Not many years ago it was looked upon as the chief part of its service, to give that kind of preparation that would qualify a few to become leaders of the many. Under an organization of society where the many were expected to follow, to be obedient and submissive, it was of the greatest possible importance that those who were set apart, for social reasons, or by reason of wealth, to positions of prominence and leadership should be fitted for that work.

In a sense, therefore, the work of the teacher of generations past has been remedial, in making good the deficiencies of those who in their time were destined for positions of prominence. With the shift that has come in our social life, particularly during the past hundred years, we have come to realize that education is not merely remedial, but that it must be preventive as well. It is all well and good to say that if you have competent leaders, social stability will result, but it follows, as a consequence, that the masses must be trained in submissiveness and trained in obedience. A state church, like the great Church of England, may play an important rôle in such a work as this. A military system, such as Germany and Russia have, may be most important, and it is possible too in a state of social caste to fix things so that those who are born in the lower strata of society will find it practically impossible to get out, and for that reason will be forced to keep on in the ruts where they find themselves.

Even in the Old World, conditions have changed in the past fifty years. The English Church no longer plays the rôle that it did a generation ago, and the great disturbance that we read of in English political

* Address of welcome delivered at the special session of the Superintendents' Society and the Associated Alumnæ, held at Teachers' College, New York, May 18, 1910.

life to-day is due primarily to the demand from the masses for that kind of training which will fit them to earn a decent livelihood and to play their part in the general social life. In our American democracy it is of course of supreme importance that the masses of the people shall be trained not merely in lines of technical skill, but also in the disposition to follow capable leaders and shall be given those ideals of life which make for citizenship. That is the task of the American teacher to-day, not merely to offer a knowledge of the three R's, of the classical languages, of mathematics, and certain suitable courses of study, not merely to give that kind of discipline which will enable people to think through clearly a problem to its end, but it is incumbent upon us, largely because we have no great overpowering national church, no conditions of caste in our social organization, such that it is impossible or impracticable for those born in lowly stations to rise, to train our people to be intelligent, to be skilful, to be obedient and submissive to reasonable laws and regulations, because they know that this is the better way.

In a sense, therefore, our education in these last fifty years has shifted from a process of giving instruction in a few subjects important to the select few, over to the bigger view that takes into account the whole round of life of the oncoming generation. Once you take this larger view, it is obvious that the teacher has need of a much higher degree of general intelligence than ever before. We need, to be sure, instructors in many lines, competent to give that kind of instruction which the few need, but we need to develop, as we have never needed at any time in history, those capable of taking a wide social view, those capable of organizing educational forces of all kinds in such a way as to prevent social disorder, to overcome social unrest, to make unnecessary repressive military measures and, in a measure, to take the place of the great controlling agencies of state and church such as we have known in generations past.

This, I take it, is preventive educational work. Looked at from this standpoint, the child is not merely an individual to be instructed a certain number of hours a day in the classroom, but the child is a physical organism that must be looked after with the most careful scrutiny. The conditions of life in the home must be studied, and the relations of home and school well understood. I have no excuse to offer, therefore, for urging the upbuilding in this institution of a great technical school for women, to give instruction in the household arts, in the hygiene of clothing, in nutrition, in sanitation, in all that goes to make the home scientifically correct and artistically pleasing.

A part of our work for some years past has been the training of

nurses for superintendents of hospitals and heads of training schools for nurses. You have a right, you representatives of this nursing profession, to exult in what has been accomplished by you in a professional way in these past few years, and I take it that at no previous meeting have you had so good cause for self-congratulation as you have at this. Yet, my friends, through it all there must run a note of sadness, the minor chord struck by that terrible accident in Cleveland a few weeks ago. One of the most intelligent nurses, most devoted mothers, most noble women dropped out of your work. I would, if I could, say a word in appreciation of the services of Mrs. Robb to the cause represented by her work in Teachers' College, but words fail me. Only a few weeks ago, the last time I ever saw her, she came to my office and told me that she had heard that I had expressed an opinion that perhaps our part of the work for nurses was done, that on account of the way being open for a specialized training, possibly other agencies would be willing to take up the burden of training nurses for the headship of these nurse training schools. She begged that I give up that thought, saying that she had devoted the best part of her later life to promoting this one idea; and, pointing her finger at me, she said, "I tell you that no matter what you may do or what your friends may do for nurses, there is no greater work to-day in this country than that which aims at the generous, all-round training of those women who are to head the nurse training schools."

I had to confess to her that I had dropped the remark of which she accused me, and it had been done mainly because I did not see the way clear to provide the money necessary for carrying on that enterprise. To be sure, we have recently received a most generous gift from a friend seated on this platform, for advancing the interests of nurses along certain newer lines. It does provide for a certain amount of instruction and for the maintenance of the directorship of such a department, but it does not provide, and I see no way of providing, for that particular chair which Mrs. Robb had closest to her heart. If, as has been intimated to me to-day, the appreciation of her services as a nurse and our loving thought of her as a woman should lead to the connection of her name with some phase of this new work in which we are engaged, I can assure you that it will meet with a very cordial reception on the part of this institution. We never went to her at any time during these past ten years for assistance, for counsel, for anything that she could give, that we did not get it and get it in unstinted fashion. Surely, it would be a fitting testimonial to carry on for generations to come, under her name, the work which I believe did lie closest to her heart.

It has been said, you know, that teaching is the noblest of professions, but the sorriest of trades. I think that might be turned to nursing as well. There is no trade sorrier, I am sure, than nursing, and there can be no profession nobler than nursing. So long as the nursing work and the profession that it represents can be looked upon as confined exclusively to the remedial phase, naturally the nurse must be the handmaid of the physician, and naturally, too, it will follow that her professional status must be strictly subordinate to that of her superior. Indeed that is a noble ambition, and yet medicine itself is advancing by leaps and bounds. The emphasis is coming over rapidly from the remedial aspects of medicine to the preventive aspect, and as the medical profession is raising itself in public esteem and is taking itself out of the category of the trades and putting itself high on the roll of the professions, so it must follow that nursing, in proportion as it becomes preventive, far-seeing, intelligent, it too will range itself on this professional scroll of merit. The physician who will say that he wants as little as possible of intelligence in his helpers will some day be forced to make public profession of his own ignorance. The world is all against that kind of professional service. There are, to be sure, some noble men, some keen and capable men in every profession, who do not take the long view, but there can be, bear this in mind, there can be no intelligent work looking to the long future, looking to the upbuilding of humanity, looking to the bettering of social conditions and the righting of social wrongs that is not guided by an intelligence vastly superior to that which is confined to the finger tips, however skilled they may be.

My friends, don't hesitate for one moment in your striving to put those who are capable of leadership in your profession on the highest intellectual plane. There will always be enough, no matter what the efforts you put forth, no matter how earnestly you may strive for these better things, there will always be enough on the lower plane. Theirs the task to do a great service under direction. Others are needed to organize and direct the new movement. We need you in education, just as we need the new type of lawyer, and just as we need the new type of physician, so we need the new type of nurse, and we need it all, and them all, for educational purposes, for the upbuilding of man, for the upbuilding of a better social order, and for the improvement in human life in that future towards which we are striving. There is no danger so great for any group of men or women as contentment with things easy to get. The best things are the hardest to get, and if some of these best things looming up now in enormous proportions through your professional service seem almost unattainable, that of itself is the

finest argument that can be adduced for working straight forward till you get it.

I bid you welcome, therefore, to an institution dedicated to education in its broadest aspects, to the training of the teacher in the kindergarten, the elementary school, the high school and the college, to the training of the teacher in the tenement district, of the teacher who is called Visiting Nurse in the public school system, and of the teacher who is to train other teachers to a nobler service as nurse.

A ROUGH NIGHT'S WORK

A STORY OF THE DEEP SEA MISSION ON THE LABRADOR

By MAY SIMPSON

THE summer had ended, and a busy one it had been with scarcely an empty bed in the hospital. Men and women of all kinds, with every conceivable ailment, and of varying nationality, had for a time occupied places in the wards until, as they became convalescent, their beds were filled by other and more urgent cases.

The hospital had to be closed for the winter, no one remaining in the isolated settlement after the summer fishery was done. On every hand there were signs of a great exodus, but to none came the difficulty experienced by the hospital staff—of moving in a few hours' notice with several sick folk in charge. Toward the end of the summer their numbers were always lessened as far as possible. Some were sent home with directions as to treatment, and others were taken away by friends as they sailed in their little crafts toward the south. But there were always some cases too serious to be discharged, and these were removed on the mail boat to the hospital two hundred miles down the coast, which remained open all winter.

It was a stormy evening near the middle of October when Mary Ann Johnson was admitted to the ward. The little mission steamer had carried her from a wretched home where the doctor had found her in a pitiable plight. The only womenfolk who had been around during the summer had gone back with their crews, while she had been left to face the journey as best she could when the time came. Her husband had been compelled to leave some weeks earlier, and the skipper to whose "crowd" she belonged knew how ill she was but he had "shipped her for the voyage" and all he thought of, probably, was the extra work it would entail if one of his hands dropped out—especially if it happened

to be the "girl" who cooked and cleaned and patched and darned for the whole fourteen of them.

"She was a great one to work," so the men on her "room" said, and there was no doubt that she had endeavored, to the best of her ability, to fulfil her part of the contract, until at last she could hold out no longer. The doctor was sent for and he ordered her immediate removal to the hospital.

The night of her arrival seemed as if it were to be the birthnight of the little stranger she was wearying for, and the Sister in charge was busy getting all in readiness. But the night passed away, and the day dawned, and still Mary Ann waited. Two days passed, three, four, then a week, and nothing had happened.

Then a fresh difficulty arose. What if the mail boat returned for her last trip before she was through it all? It happened so. A week later, one early morning, the steamer's horn sounded, and the hospital staff knew that their days of remaining were numbered. Five days only, and the boat would be back from the north, and that would be the last opportunity of getting away from the desolate coast before the ice blocked all access to the outer world for eight long months. About two o'clock in the afternoon of the fifth day, some one came running down from the hill nearby with the news that her smoke could be seen at Emily—the next harbor—and in all probability she would be in before nightfall.

But the days were short, and the darkness came all too fast. The wind was rising too, and a nasty rain falling, no comfortable night to go out into the darkness of the open sea and board the mail boat with half a dozen sick folk.

When the whistle sounded the patients, warmly wrapped up and waiting ready in the hall, were the first to be got down to the wharf. They formed a wierd procession guided by the light of one or two flickering lanterns, and accompanied by the dismal howl of a few Eskimo dogs. It was intensely dark, and miserably cold and wet. No wonder the doctor felt anxious as he lifted or led each of his patients into the trap boat awaiting them. Even in the harbor it was no easy thing to get them stowed away, and the worst was yet to come. They bent to their oars with a will and the hospital craft sped away toward the harbor entrance. The steamer lay outside, rolling like some inhuman monster with eyes all over its body. The engines were panting from their recent struggle with the stormy sea, heavy chains rattled aft, followed by deafening thuds, forms could be distinguished on the deck, and hoarse harsh voices sought to be heard above the glamor of it all. There were no landing steps to this Labrador mail boat, and as the doctor and his men pulled

up alongside there was nothing for it but to make an effort to clutch the rough wooden ladder that hung swinging and banging over the side. This was no easy work. One moment it hung just within reach, the next it was dangling far above their heads while the little boat sank in the mighty roll of a big wave that threatened to swamp it with all aboard. Three or four deck hands stood ready to grasp any one who was fortunate enough to get a foot on the ladder, and, by degrees, with difficulty, the whole boatload was hauled up in safety, the doctor being the last to ascend.

Only one of his party seemed to have suffered in any way from the trying ordeal, and that was Mary Ann. She was white and trembling, almost hysterical, and could only be gently persuaded that for her the best thing would be to get below as soon as possible. There were no hospital quarters on the boat, so the only place that could be offered her was the ordinary steerage for women.

This last trip of the mail boat was always a very anxious one for the good captain. Often the question of overloading had to be waived in consideration for men and women left to face a winter of starvation and probably death on the Labrador. Long before she reached her destination every conceivable nook and cranny teemed with humanity bound for the south. Sooner than lose their passage men gladly suffered the keen winds and severe frost on deck, sleeping as best they could on a coil of rope or a disused sail, but it was a bitter experience and quite impossible for the women to attempt. Consequently all the women who happened to be aboard huddled together in the one small saloon which contained but twelve berths. Fortunately one was procured for Mary Ann and into it she crept as into a very haven of refuge.

By twelve o'clock all was moderately quiet on board, for it was all the boat could do to stagger along against a heavy sea and strong head winds. Now and again she seemed to rise shudderingly from the fury of the waves, but only to be dashed down with a mighty thud as her propeller forced her anew into the conflict. It was a time long to be remembered, even the brave old captain confessing it about the worst he had ever known.

At two o'clock in the morning the Sister was roused by a heavy knocking on her cabin door.

"Are you there, Sister?"

"Yes, I am. What is it?" she asked, at the same time slipping on a dressing gown.

"A woman's taken bad down in the steerage, and wants your help." She opened the door and encountered the ship's doctor. He was a rough,

uncouth man, little loved by any one along the coast, and more often than not the worse for drink. To him a game of cards with the ring of money, in an atmosphere of smoke and gin, was of far more interest than the lives of men and women. No one would have sought his advice had it not been that his was the only help available, and then only during the summer once a fortnight when the mail boat came. Of later years mission hospitals had been established, and the fisherfolk were quick to appreciate the skill and kindness offered to them, but the settlements were hundreds of miles apart, so the stretch of coast line between was still visited by this man who cursed more than he cured, a man whom drink had played havoc with.

The Sister dreaded the idea of a case with him and knew happily that other help was at hand. "Has Dr. Denric been called?" she asked.

"No, do you want him? Can't you manage it alone?"

"He will wish to come," she replied quietly, "and we will both be down in a few minutes. Would you mind knocking at eighteen and telling him?"

Very soon two figures emerged from the saloon, and feeling their way carefully along the deck in the darkness, disappeared down the companion-way leading to the women's quarters.

The vessel was rolling and pitching mercilessly and the close badly-ventilated atmosphere down below was almost overpowering. Women and girls of all ages, clean and otherwise, were crowded into the little space available, and at the far end, in a narrow bunk, with another three feet above her, lay the poor girl whose cries were piteous to hear. "Is that you, Sister," she moaned. "Oh, is it you? Tell me."

"Yes, I'm here, Mary, and doctor is here, too, so you will be all right." "Oh, my," she almost screamed, "send the doctor away, do now. I can't bear his cursin' an' swearin' no more. He'll kill me—he will," and she stretched out her hand as if to ward him away. "Oh, he's cruel he is, hard and cruel, God forgive him for saying such things to me. I'd rather die than see his face again, I would so." The Sister took her hand and spoke soothingly, "It's your doctor, Dr. Denric, you know him." Instantly a change passed over her face. "Oh, thank God for that, he'll help me through." "Yes, indeed I will, I'll do all I can for you," said a reassuring and kindly voice as Dr. Denric leant over her.

They were an awful two hours of waiting. It was almost impossible to keep one's feet, still more impossible to expect any lotion bowls to be in readiness. Nothing could be left standing on the narrow table or even on the floor, the very next plunge of the vessel would send it right

across the saloon. It was a weird night's work. At one end of the small apartment fifteen or twenty women, at least, crowded together, sharing each other's berths, one or two snoring loudly through it all, several suffering from seasickness and most of them too anxious or too uncomfortable for sleep. At the other end, the doctor, and Sister Margaret, and the sick woman, listening and waiting. Listening to the lashing of the waves and the howling wind, to the throbbing of the engines, and footsteps on deck, and—waiting for the birth of a little child. By and by a strong lusty cry told its own tale. Then something was wanted and a steward was called. "Will you mind going to the doctor's cabin and asking him if he will let us have a little gauze?" "Yes, Sister, I'll go, of course, but I doubt as he'll give it me." "Why?" "Well, you see, he's like that," and the man shrugged his shoulders and disappeared. In a few seconds he was back. "Just as I said, Sister. He swore at me for worryin' of him and said she'd do just as well without it," nodding toward the end berth. "But here he is, I think," and the man quickly vanished.

The doctor half staggered into the saloon, smelling strongly of whisky. He tried to smile when he saw Sister Margaret, but the effect was ghastly, and his voice was thick and hesitating as he asked "Do you want something for her?" "If you have a little gauze, doctor, please. We have not quite enough." "More's the pity," he muttered ungraciously, "folk like her ought not to come aboard." "It's very hard for her, poor soul," responded the Sister. "Hard for her—" and the tone could scarce have been more full of scorn, "serves her well right. She'd no right to come to the Labrador the spring at all knowing this was coming on. And when she got there she ought to have stayed there," he continued bitterly. "And died there too?" "Yes, and died there, too, for all I care."

He had walked out to the stairway as he spoke, and she followed him almost mechanically, wondering if it was possible she had heard him aright. "Where is that steward gone?" he shouted, "I'll wring his neck if he isn't here when I want him. I'll"—but the man was there. "Now then, fellow, get this lady what she wants, and I wish you all a jolly time of it. Get me a glass, man, I'll do my share of it and drink the baby's health. Good idea of mine, it'll"—but in turning toward the stairway he somehow caught his foot and fell heavily across it. He was lifted in a half stupefied state and carried to his bunk where he slept the sleep of the drunkard until the breakfast gong sounded.

It was only an hour earlier that Dr. Denric had appeared on deck to find that much interest had already been aroused in the baby and its

mother. One question of course was, "What would it be called?" Some one suggested the name of the steamer, others of the genial captain, but the mother had quite settled it in her own mind. "If you don't mind, sir," she confided to the doctor one morning, "I'd like him to be named Allen after his father, and then, if you would not take offence, I'd like him to have your name, sir." "So he will be christened Denric Allen Johnson," and the doctor smiled. "Sounds quite a grand title, I'm sure. Anyway," he added kindly, "I hope he'll be a good son to you."

A few days after, Mary Ann stood at the head of the gangway waiting to go ashore. Her husband was just behind her carrying all the small belongings and, manlike, he wanted to get away without any fuss, but the sailors were ready for him. "Many happy returns, mate," one jolly-faced fellow shouted, "and don't look so blue over it, old chap. They're all right when you gets used to 'em, bless their little hearts." "That's so, boy," joined in another, "I've got seven of 'em." Then some one suggested "Three cheers for the baby." And they cheered, and cheered again, with the kindly old captain smiling from the bridge, and waving his hand in friendly fashion until the baby with his father and mother had disappeared.

"It isn't every trip that we have a baby born aboard," he remarked goodhumoredly to the chief mate. "No, sir, you're right there," was the reply, "and a good thing, too, for them as have to do the work. It's not likely the doctor and Sister will ever forget this journey with us, for they had a tough time of it that night. It was one of the worst gales we've had this fall, to my way of thinking."

"Ah, well," responded the captain as he turned to his work, "all's well that ends well, they say, and I guess it's true in a way."

THE ADAPTABILITY OF THE NURSE TO THE PRIVATE HOME *

By MARGARET W. NEES, R.N.

Graduate of the Detroit Training School

EVERY woman, whether she is a nurse or not, is supposed to feel a pity and tenderness for those who suffer, it is by cherishing these womanly instincts and seeing to it that they grow warmer instead of colder by contact with pain and suffering that she exalts her profession.

In almost every home where sickness lays its iron hand, the machinery

* Portions of a paper read at the semi-annual convention of the Indiana State Nurses' Association.

of that home is to a great extent disarranged, often completely altering the patient's disposition. This is especially so when our patient is the house-mother who, until lain low by some malady, has with skilful hands wielded the helm, which guided the home through the intricate mazes of order, cleanliness, and economy, those three graces without which no home is a home, but a mockery of that sacred name.

There is only a small proportion of families, even in a prosperous community, that can employ a nurse at the regulation price without feeling it to be a serious drain on its financial resources.

And in how many instances do we see this, at once, on entering the home. It is in cases of this kind that we find the field in which to exercise the greatest tact, to be resourceful, to minimize the cost of the paraphernalia of the sick room, improvising when necessary, using economy always. To one who in hospital or wealthy homes has had *carte blanche*, this may seem hard to do.

To avoid an exaggerated professionalism is of pre-eminent value in first taking a case. To avoid such expressions as "This is not my work," or "I was not hired to do that."

The family has tried to take care of its own sick until tired out, and the nurse's coming is looked forward to with relief and much, too much, is often expected. But such a home is not the place for strict professionalism. These people are human and want you to be just human in your sympathy and helpfulness. In approaching the question of when we are to have our two hours' out, or hours for sleep and recuperation, it is better to wait until we see the opportune time, the time most available when some relation or member of the family can take our place and by a little coaching become nurse *pro tem* without upsetting both the patient and household.

Again, have we not found it best to avoid constantly calling on some maid to render service we can as well do ourselves, not to leave the tired cook a tray of soiled dishes to clean, when according to the canons of nursing it is our part and duty to prepare our patient's meals when necessary and serve them in a tasteful or palatable manner?

If we did only the things we like to do in this world we would be a lot of untrained children, making a sorry mess of life. All discipline, growth, and advancement come through doing the things necessary to be done, be they hard or easy, to our taste or not to our taste, and this is especially true in the noble work of nursing.

If we go into a family to see how much we can get out of that family and how little we can give in return, our attitude will be recognized at once, and when our time comes to go, we will be glad to go and they will be glad to have us go.

But the spirit that wins is the spirit that says, here is my place for here is where I am needed. Like the Master, I am here not to be ministered unto, but to minister. These people have hearts and I will win them, and what I win I freely give in return. I take my place in their life, and I shall try to make them glad that I am here.

The beauty of service lies in giving that service freely without stint, doing with our might whatever our hands find to do, even where we meet sharp criticism, lack of appreciation, and positive ingratitude, keeping bravely on, knowing that "endurance is the crowning quality, and patience all the passion of brave minds."

And in the end, when our work is done, and we have reached the land where the inhabitants say no more "I am sick," may it be truly said of us and in acknowledgment of our work

Thou hast bravely done thy part,
Noble mind and tender heart,
Sown that other hands might reap,
Watched that other eyes might sleep,
And whatever cares oppressed,
Toiled that others might have rest,
Sorrow bore a passport free
To thy ready charity,
Angels have recorded true, kindly deeds
No mortal knew.

OPHTHALMIA NEONATORUM AS A CAUSE OF BLINDNESS.*

By CAROLYN CONANT VAN BLARCOM

Graduate Johns Hopkins Hospital; Executive Secretary Committee on Prevention
of Blindness of New York Association for the Blind.

DURING a recent visit to one of the large state schools for the blind, I was much attracted by a beautiful little girl who was groping her way through the kindergarten room, halls, and dormitory with her sightless companions. I made some inquiries as to her history, and the cause of her being in that school, and learned that she was the only child

* Material for this paper has been collected from "Ophthalmia Neonatorum," by Sidney Stephenson, "Preventable Blindness," by N. Bishop Harmon, Reports of the Committee on Ophthalmia Neonatorum to the House of Delegates of the American Medical Association, 1908 and 1909, and papers by Dr. F. Park Lewis and Dr. Julien Gehrung.



"LEARNING THE WORLD IN THE DARK." STATE SCHOOL FOR THE BLIND, BATAVIA, NEW YORK. "THE KINDERGARTEN."

of a young widow who, when she lost her husband, undertook to support and educate this child after she became blind, struggling at the same time to resign herself to what she considered one of the inevitable decrees of fate.

It was the old sad story. The child's eyes became red and swollen during early infancy, and the mother was told that "all babies have sore eyes," that "*cold in the eyes* was natural," etc. The eyes grew rapidly worse, corneal involvement took place and total blindness, which might have been prevented, was the result. The mother's counsellors assured her that this was the will of God and must be accepted.

Now, however, this mother knows the truth, and realizes that her infant lost her sight as a result of a preventable, curable, infectious disease—ophthalmia neonatorum, and as she looks into the sightless eyes of this innocent sufferer, she appreciates the full force of the words,

Of all sad words of tongue or pen,
The saddest are these: "It might have been!"

In this case a single sin of omission resulted in the saddening of two lives.

That is one case of blindness from ophthalmia neonatorum, and there are in the United States of America alone, at a conservative estimate, between six and seven thousand persons totally blind from the same cause. Seven thousand persons handicapped, blighted, deprived of the keen joy which comes through visual perceptions—blind as a result of ignorance and neglect.

This disease, leaving darkness in its wake, is not confined to any locality or country, but is a world-wide plague. Quoting from Dr. Julien Gehrung,

"According to the Royal Commission for the Blind, the statistics demonstrated that in 71.99 per cent. of all who became blind in the first year of life it was caused by ophthalmia neonatorum, *e.g.*, of 10,000 children under five years of age, 428 were blind as a result of this form of conjunctivitis. Ophthalmia neonatorum claims 26 per cent. of the blind in Switzerland, and in the United Kingdom 7000 persons have lost their sight from the same cause. Magnus, of Breslau, says that fully one-third of the blind in institutions are blind from ophthalmia neonatorum, while Bourdeau forcibly exclaims that purulent ophthalmia neonatorum is alone responsible for nearly one-third of all blindness, and that it has placed in the care of Europe about 100,000 victims. This is equivalent to 100 regiments. In the last Republican parade there

were 72,000 men and it took more than five hours for this parade to pass a given point. Now add 28,000 men to this number and you will get an idea of the army of blind in Europe."

In the New York State School for the Blind, at Batavia, 30.7 per cent. of the children admitted in 1907 were victims of ophthalmia neonatorum; at the Pennsylvania School for the Blind, at Overbrook, the average in 1909 was higher—44 per cent.; at the Sheffield School for the Blind (England), Dr. Simeon Snell reports to the British Medical Association 127 cases out of 333 inmates—42.36 per cent.; and still higher, the Henshaw School for the Blind (England) reported in 1908 that 90 out of its 200 children—45 per cent.—are blind from this disease.

Dr. Sydney Stephenson, ophthalmic surgeon to Queen Charlotte's Hospital, London, says: "In the opinion of those well qualified to judge, ophthalmia neonatorum is the cause of more blindness than any other local disease, excepting, perhaps, atrophy of the optic nerve."

Since from 60 per cent. to 80 per cent. of the cases of ophthalmia neonatorum are caused by the *micrococcus gonorrhæa*, isolated by Neisser in 1879, the ultimate cause of this disease is frequently to be found in the social diseases, though inflammation of the eyes of the new-born may be caused by the Koch-Weeks bacillus, Klebs-Löffler bacillus, *B. coli communis*, streptococcus, *staphylococcus pyogenes albus* and *aureus*, *micrococcus luteus*, etc.

The immediate cause is usually the introduction of infective material into the eyes of infants at the time of birth. I say usually, since Stephenson reports 90 cases in which children were born with ophthalmia neonatorum well developed, and children have been born with eyes partially destroyed, demonstrating prenatal infection, while one case, reported by Feis, was born with corneæ destroyed and irides prolapsed.

Commonly, however, the infection occurs at birth, and the disease runs a rapid course, fatal to sight, unless prompt and efficient treatment is given.

In 1881, Prof. Crede, of Leipsic, Director of the Maternity Hospital connected with the University, conferred upon all future generations a service the value of which can never be estimated. He announced that the instillation of silver nitrate solution into the eyes of all new-born infants would prevent ophthalmia neonatorum. Think of what that means! If only a simple remedy be employed skilfully at the right time, hundreds of thousands, even millions of babies may come into their just inheritance of God-given sight, instead of being blind for life.

How incredible does it seem that in spite of this discovery nearly thirty years ago, 44 per cent. of the children admitted to one school last year were victims of ophthalmia neonatorum.

What a paradox in this age of preventive medicine!

Prof. Crede outlined his treatment as follows: Immediately after birth the child's eyes should be wiped with clean swabs or wipes wet with boric acid solution, stroking from the nose outward, followed by a single drop of a 2 per cent. solution of silver nitrate, dropped into each eye from the end of a glass rod, $\frac{1}{8}$ in. in diameter.

There is a reason for each detail—the silver solution is practically a specific in this disease, a glass rod may be easily and satisfactorily sterilized, and but a single drop may be dropped at a time from the end, while the diameter stipulated gives a drop of fluid of the desired size. It is required that the solution be dropped *into the eye*, thus insuring its contact with the delicate conjunctival membranes, which are fertile soil for the infecting organisms. So important is the technic of applying this treatment that, in the opinion of Dr. Edgar, when ophthalmia neonatorum develops after the use of nitrate of silver at birth, it is due either to a secondary infection or to the fact that the solution does not really bathe the mucous membrane, but remains upon the lashes.

This treatment has been variously modified, and we find varying strengths of argyrol, protargol, nitrate of silver, 1 per cent., and other derivatives of the silver salts employed by some obstetricians and in some maternity hospitals, but the preference seems to be for nitrate of silver, 1 per cent.

The use of a 1 per cent. solution of silver nitrate in the eyes of the new-born is so generally regarded as a harmless and efficient preventive of ophthalmia neonatorum that the State Boards of Health of New York and Rhode Island distribute, free of charge, to physicians and midwives, outfits consisting of vials of a 1 per cent. solution of silver nitrate with medicine droppers and directions for use.

Prof. Crede found in his clinic that the number of cases of ophthalmia neonatorum was reduced from 10 per cent. of the total number of births to $\frac{1}{5}$ of 1 per cent. as the result of the careful use of this prophylactic. Still later, in observations made upon 1100 cases, in each of which nitrate of silver was used, only one case of ophthalmia neonatorum developed.

If the disease develop, the clinical picture is characteristic, and the disease is comparatively easily recognized on the second or third day after infection takes place. Billard's sign, a narrow transverse line in the centre of the lid, is an early symptom. Subsequently, the lids become red and puffy, and a slimy liquid oozes out, and, as the disease progresses, a purulent discharge is emitted from between their margins. If treatment is begun early, before corneal involvement takes place, the

eyes may be saved, but too much stress cannot be laid upon the imperative necessity for prompt action. The infection is virulent and progresses with such rapidity that each hour of delay increases the danger of ultimate blindness.

Only an ophthalmologist should be entrusted with such a case.

The remedial treatment varies, but usually involves the employment of irrigations or drops at frequent intervals, sometimes every fifteen minutes, day and night, for weeks. As the prescribed treatment must necessarily be executed with skill, it is obvious that hospital care is desirable for patients suffering from ophthalmia neonatorum.

Too much cannot be said relative to the importance of thorough work and gentle manipulations in executing the details of the prescribed treatment. Whatever the medicament may be, it should actually reach the conjunctivæ at each operation. Solutions should be luke-warm and either dropped from a blunt dropper or applied with absorbent cotton, and the *greatest* care taken that not even the slightest abrasion of the mucous membrane or bruising of surrounding tissues result, thus more than defeating the purpose of the treatment. Infective material, gaining entrance through an abrasion of the conjunctivæ, may bring about the utter destruction of an eye. The danger to the nurse herself in irrigating gonorrhœal eyes is worthy of mention, since the fluid may spurt into her own eyes if other than the gentlest stream be used. Large protective spectacles are sometimes worn by the nurse to avoid this danger.

The use of a silver solution in the eyes at birth may give a false sense of security, for secondary infections may and do occur, with results quite as disastrous as those following infection at the time of birth. If the child has been surrounded by infective material during delivery, it follows that the bath water in which it is immersed, its clothes, the nurse's hands and apron, and the infant's own hands and nails may be the means of reinfecting its eyes.

For this reason, any redness or swelling of the eyelids during at least the first two weeks of life, or until the lachrymal secretion is established, should be regarded as serious. I recently heard of a case in which the first evidence of infection appeared on the twelfth day after birth, the infection being so virulent that total blindness in both eyes resulted. Out of 1000 cases at Johns Hopkins Hospital, in which 1 per cent. solution of nitrate of silver was used in the eyes at birth, ten cases of ophthalmia neonatorum occurred, and seven of these developed after the eighth or tenth day. Because of prompt and efficient care in each case, no blindness resulted. Similar observations have been made by Gewin of Vienna.

It is evident then that prophylactic treatment, plus extreme caution



"JUST BLIND BABIES," FROM BOSTON HOME FOR BLIND BABIES. 60 PER CENT. OF THE CHILDREN IN THIS HOME ARE VICTIMS OF OPHTHALMIA NEONATORUM.

against secondary infection, and prompt treatment in the event of secondary infection, are necessary to prevent blindness from ophthalmia neonatorum.

This has all been known and preached by the medical profession for nearly one-third of a century. Four years ago, the American Medical Association appointed a Committee on Ophthalmia Neonatorum to work toward the suppression of this disease, and subsequently, a committee was appointed for each state in the Union, composed of three members, an obstetrician, an ophthalmologist, and a sanitarian. More than twenty years ago, Dr. Lucien Howe drafted the famous bill which afterward became known as the Howe Law, and which to-day is on the statute books of sixteen states.¹

Why is it then that we have such a distressing state of affairs, as is suggested by the following list?

Proportion of victims of ophthalmia neonatorum among the pupils in six schools for the blind: New York, 27 per cent.; Pennsylvania, 44 per cent.; Western Pennsylvania, 33 per cent.; Missouri, 26 per cent.; Connecticut, 50 per cent.; Maryland, 33 per cent.

This, let me say, does not tell the whole story, for there are many, very many blind children, ophthalmia neonatorum victims, who are not sent to schools for the blind, and even escape the census taker. The parents or guardians of these children not infrequently assume that since the little victim is blind, it must also be deficient in other ways, and neither mental nor physical activity is encouraged. And so one hears of children, live human beings, actually living in bottom bureau drawers, in boxes under beds, etc., living less than a vegetable life, for vegetables do have air and sunlight,—because when they were helpless, defenceless infants they were cheated out of a birthright more precious than the spark of life remaining to them.

¹ New York State Midwife Law (Extract from Penal Code), Chapter 325, Laws of 1892.

Section 288. Unlawfully omitting to provide for child.—A person who,

3. Being a midwife, nurse or other person having the care of an infant within the age of two weeks neglects or omits to report immediately to the health officer or to a legally qualified practitioner of medicine of the city, town or place where such child is being cared for, the fact that one or both eyes of such infant are inflamed or reddened whenever such shall be the case, or who applies any remedy therefor without the advice, or except by the direction of such officer or physician; or,

4. Neglects, refuses or omits to comply with any provision of this section or who violates the provisions of such license, is guilty of a misdemeanor.

There are also many cases where the eyesight is only partially destroyed and they are only able to eke out a miserable existence; others better provided with this world's goods are merely a burden to themselves, despised as accursed.

These conditions persist because this is not a problem which is to be solved through legislation nor by the efforts of the medical profession acting alone. As in the war against tuberculosis, results can only be obtained through co-operation of medical and lay workers, in educating the public as to the preventability of this dreaded calamity. We hope in time to have disseminated information of such a character and to such an extent that every parent in the land will know and believe that infants do not normally have "sore eyes," "cold in the eyes," etc.; will not believe that infantile blindness is a Divine dispensation, which must be accepted, but will know that the infant's eyes may be protected by very simple methods, and a lifetime of darkness averted.

It is never difficult to stir emotions and raise funds for the relief of sufferers from some great disaster, earthquake, mine explosion, fire, or what not. Shall we have less compassion for utterly defenseless babies, so pitifully dependent upon our care and protection?

The economic aspect of the question is also a serious one and worthy of consideration. Figures collected from ten schools for the blind in this country show that 28.19 per cent. of the new admissions in 1907 were victims of ophthalmia neonatorum, while for 1908 and 1909 there is no decrease. It would have cost two cents on the day of birth to save the sight of each of these blind children.

Two cents' worth of nitrate of silver and only a moment of the doctor's or midwife's time is the cost of prevention. As has been demonstrated, the cost of cures is greater than the cost of prevention, for after the disease has developed, only prompt and continuous expert care can save the endangered sight.

Still greater is the cost of maintaining an individual when blindness occurs.

It is estimated that the cost to the State of New York for the education and maintenance of each pupil at the State School for the Blind, at Batavia, is \$407.43 per year, as against \$30 per annum which it costs the State to educate a seeing child in the Buffalo public schools—a difference of \$377.43 per capita, which excess must be met by state appropriation.

In New York State the total annual excess cost for maintaining and educating those whose sight might have been saved is \$30,914.45, while in Ohio the cost to the State yearly is \$19,840.00.

This total of \$50,000 represents the excess annual cost in but two states. There are some forty odd state schools for the blind in this country, and the aggregate expense to the public of educating and maintaining those pupils attending them who are needlessly blind has amounted to millions of dollars.

It is estimated that the total cost of the needlessly blind throughout the State of New York exceeds \$110,000 a year; and if the blind citizen is dependent for life, the cost of his maintenance will be not less than \$10,000. These figures do not include money paid out in pensions under the pension system obtaining in New York City, Ohio, Illinois, and Great Britain.

Now, set these figures against the estimate of the State Department of Health that free distribution of a protective, at an annual cost of not more than \$5000, would have saved almost all of those eyes, and you have the gist of the economic question with which the disease confronts every state in the Union.

The cardinal features in reform movements along preventive lines seem to be the same; they are legislation, education, and co-operation. Co-operation of all bodies of philanthropic workers, medical societies, charity organizations, women's clubs, church societies, health officers, and legislators, to bring about education and legislation. Every mother in the land should know that the disease is serious and may be prevented, and even cured if skilful treatment be promptly given.

This education may be accomplished through the distribution of literature, public speaking and the use of photographic exhibits and lantern slides, magazine articles and the press.

Legislation resolves itself into the appointment of State Commissioners; securing the accurate and early notification of births; requiring doctors and midwives to report cases of ophthalmia neonatorum; making use of the educational opportunity offered by the birth certificate, by including a question as to whether or no a preventive against ophthalmia neonatorum has been used and if not, why; provision in hospitals for the reception and care of patients suffering from ophthalmia neonatorum; securing state appropriations to cover the expense of gratuitous distribution of prophylactic outfits to physicians and midwives; and the education, registration, and regulation of midwives.

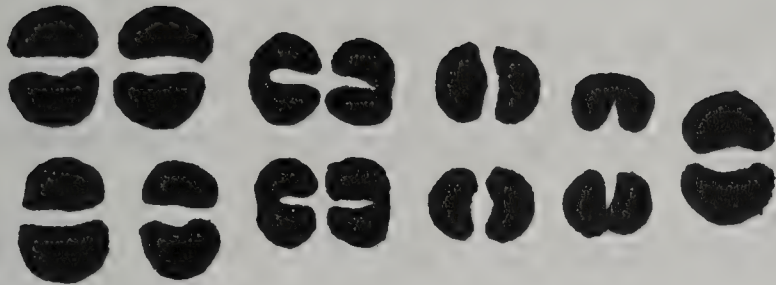
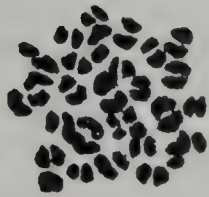
The latter question is indeed formidable, and that these women, many of them hopelessly ignorant, dirty, and careless, are an important factor in the suppression of a disease occurring at birth must be conceded in the face of a few figures. 52,536 births were reported in New York City in one year by midwives, while 68,186 were reported during the same

period by physicians—or 42 per cent. of the births occurring in this one city, during this one year, were attended by midwives. In Chicago, the figures for one year show that 86 per cent. of all births reported for that time were reported by midwives. Out of 150 midwives in Baltimore at present, 97 are over 50 years of age, 20 being between the ages of 70 and 90. Out of 45 colored midwives, 20 cannot read.

On the other hand, rather discouraging figures are collected from among the physicians. A recent investigation made in Massachusetts, under the direction of the Boston School for Social Workers, disclosed the surprising fact that out of 97 doctors visited, these doctors having been selected because of their having reasonably large obstetrical practices, 27 always used a prophylactic, 41 seldom, 28 never, although the latter admitted that they sometimes did employ warm water, lemon juice, citric acid, lard, chamomile tea, etc! Of 116 cases of ophthalmia neonatorum visited by the Social Service worker in connection with the Massachusetts Charitable Eye and Ear Infirmary, during 1909, 114 occurred in the practices of physicians, while only two were attributable to midwives. Of 27 cases of ophthalmia neonatorum visited by nurses under the direction of the New York City Department of Health, in the summer of 1908, 22 were traced to physicians and 5 to midwives.

Clearly, this must be a campaign of publicity and education.

In a few of the states of the Union,—very few as yet,—there are organized bodies of workers endeavoring to wipe out this scourge, some with tentative plans and some vigorously pushing ahead. In Massachusetts, the State Commission for the Blind has started a movement for prevention, including in its activities extensive research work and distribution of pamphlets. In Ohio, a campaign of publicity and education was recently carried on as an initial step toward preventive work. A society for prevention of blindness was organized in Baltimore about a year ago; Governor Fort, of New Jersey, has appointed a commission to investigate the condition of the blind, and undertake work toward the prevention of blindness, and more recently state societies for the prevention of blindness have been organized in Kentucky and Missouri. In New York, a committee for prevention of blindness, composed of physicians and laymen, was appointed by the New York Association for the Blind in June, 1908. This committee, working in close co-operation with Dr. Porter, State Commissioner of Health, secured, in 1909, an appropriation of \$5000, which has made possible the gratuitous distribution, through local health officers, of prophylactic outfits, consisting of vials of a 1 per cent. solution of nitrate of silver, medicine droppers, and directions for use; and has also ob-



THE GONOCOCCUS THAT CAUSES THE DISEASE.

In 1881 Prof. Crede of Leipsic
announced that a drop of 2% Solution
of Nitrate of Silver, dropped into each
eye of a new-born infant, would prevent
Ophthalmia Neonatorum!



Vial and medicine dropper which, with directions for use,
are supplied gratuitously by the New York State Depart-
ment of Health, through local Health Officers to
any physicians and midwives applying for them.

THE OUTFIT THAT WILL PREVENT IT.

tained the passage of a law providing for a 36-hour notification of births in the entire State of New York, with the exception of the cities of New York, Buffalo, Yonkers and Albany, exempted by the provisions of the Public Health Law. The birth certificates now issued by the New York State Department of Health bear the question, "What preventive for ophthalmia neonatorum did you use? If none, state the reason therefor"; while the State Commissioner has also issued circulars of "Instructions to Mothers, Midwives, and Nurses," for the prevention of ophthalmia neonatorum, printed in five different languages.

The publicity and educational work of the New York committee has been carried on through public speaking, the use of photographic exhibits and lantern slides, press notices, and the distribution of some 150,000 copies of its six publications.

The Russell Sage Foundation has undertaken national work for the prevention of blindness. Through a special agent it proposes to assist in the organization of societies in those states where plans for preventive work have not as yet been crystalized.

In a report of the Committee on Ophthalmia Neonatorum, submitted to the House of Delegates of the American Medical Association, June 2, 1908, the following suggestions were made. It was the belief of the members of the committee that development of the plans contained in these suggestions would accomplish much toward the suppression and eradication of ophthalmia neonatorum, and these recommendations have been approved by the American Medical Association and by the American Academy of Ophthalmology and Oto-Laryngology.

First. It is necessary to secure the enactment of laws in each state or federal territory requiring the registry of births and placing the supervisory control and licensure of midwives in the boards of health, requiring that all midwives be examined and registered in each county and that they be required immediately to report each case of ophthalmia neonatorum occurring under their ministrations under penalty of fine for neglect if found guilty, and for a subsequent offense forfeiture of license. In all states the registration of physicians should be maintained with equal thoroughness.

Second. The distribution by health boards of circulars of advice to midwives and mothers, giving instruction as to the dangers, methods of infection, and prophylaxis of ophthalmia neonatorum.

Third. The preparation and distribution by the health boards of ampoules or tubes containing the chosen prophylactic, with special direction for its use.

Fourth. To insist on the maintenance of proper records in all

maternity institutions and other hospitals in which children are born.

Fifth. Periodic reports to boards of health by all physicians engaged in obstetrics of the number of cases of ophthalmia neonatorum that have occurred in their practice within a specified time, whether or not a prophylactic was used—if so, what—together with the result.

Sixth. Of great importance is it that there be more widespread knowledge concerning ophthalmia neonatorum and its dangers.

Helen Keller voices a very proper public sentiment when she says:

“The problem of prevention should be dealt with frankly. Physicians should take pains to disseminate knowledge for a clear understanding of the causes of blindness. The time for hinting at unpleasant truths is past. Let us insist that the states put into practice every known and approved method of prevention and that physicians and teachers open wide the doors of knowledge for the people to enter in. The facts are not agreeable reading. Often they are revolting. But it is better that our sensibilities should be shocked than that we should be ignorant of facts on which rest sight, hearing, intelligence, morals, and the life of the children of men. Let us do our best to rend the thick curtain with which society is hiding its eyes from the unpleasant but needful truths.”

Communications, requests for information, pamphlets, etc., should be addressed to the Executive Secretary, Carolyn C. Van Blarcom, at the office of the committee, 289 Fourth Avenue, New York City.

ENTERTAINING SICK CHILDREN *

SECOND PAPER

By LOUISE M. MURPHY, R.N.

Graduate of the Illinois Training School

To entertain children, either sick or well, successfully, the nurse must love children and child-life, and be able herself “to become as a little child.” What is more fascinating than to watch a child’s mind unfold and his imagination develop. What wise guidance he needs from mother and nurse!

I will not mention the many kindergarten games and occupations, appropriate and diverting to the sick child, but will try to suggest home-

* The first article in this series, “How to Care for Convalescent Children,” by Susan Bard Johnson, appeared in the JOURNAL for June, 1910.

made games and plays. For convalescent children of school age, seventh grade and above, geography and history quizzes and guessing games will freshen the memory of both patient and nurse; drawing maps with colored crayons, studying bird life, flowers, and trees. There are few girls who do not enjoy making a doll's trousseau, dolls' patch-work quilts, paper dolls, and having doll parties. To make tissue-paper dresses and hats for large paper dolls, cut from stiff fashion plates, is fascinating and absorbingly interesting. Keep a box for materials, collecting every scrap of soft colored paper, tinsel, embroidery paper from candy boxes, gold and silver paper, scraps of wall paper, and tiny canary or chicken feathers—all these can be used ingeniously. In another box keep good looking furniture, cut from magazines or papers, to furnish a house-book, made from an old ledger, or large sheets of manilla paper folded. Each full page is a room, and many hours are passed collecting, arranging, and pasting each different room.

Plastic clay or common putty can be used to make an infinite variety of objects or utensils, each new creation giving keen delight.

Scrap-books, (1) for stories and poems, (2) for pictures of great men and women and their homes, (3) durable and attractive scrap-books made of strong gray muslin for brightly colored cards,—let the sick child make these to give to some other child sufferer or hospital ward, thus instilling the thought,

Not what we give, but what we share,
For the gift without the giver is bare.

Many weary hours can be lightened by water-color painting, crayon, or pencil drawing, and making pasteboard doll furniture.

For younger children collect rubber bands to make a hard ball, and tinfoil to make a silver ball; use stone building blocks to build barns and farmyards, using the smallest blocks for "play" horses, cows and sheep. Make paper money in the morning and use it in playing store in the afternoon.

Can anything afford more fun than newspaper and blunt scissors? from dancing dolls and soldier caps to "Jacob's ladders."

Do not play one game too often but keep a variety of interests. It is wise to have some stories, games, and toys in reserve for the specially hard and unhappy days.

Look for new ideas and interesting objects in the hours off duty. Such simple things amuse a child as acorns, pebbles, and shells. One small boy refused all other toys and games and for several days enjoyed

three pine cones, some large autumn leaves, and a deserted bird's-nest, which I picked up in the park in my walk. A six-year-old typhoid patient was delighted and wholly satisfied with a "birthday cake" of ice-cream, served in a cake-like mold, with the usual candles, and the family invited in for a short birthday party.

Try and make Sunday a different, but a happy day. Two or three Bible stories during the week will form a nucleus for a Bible character guessing game, or a Bible alphabet game; think of a Bible character beginning with A, B, etc. Each one in his turn repeats all from the beginning before adding the next letter—an excellent memory test. Japanese water flowers come in fifteen cent boxes. Three or four flowers can be chosen each Sunday to watch unfold in the water, then dried, and later pasted in a book.

A child who needs nourishment, but lacks appetite, will always enjoy the food more if it is served in "pic-nic" style or as a "tea-party."

An invitation, written or printed by the little one to mother or grandmother to take "afternoon tea" in the sick room, even though the patient is on broths or milk, can be made a very attractive and happy occasion by planning it early in the day. Children themselves often suggest many entertaining plays; perhaps most frequently they ask to impersonate "fairies," "goblins," "grown-ups" or "flowers."

"I was visiting once at the Utica home of Vice-President Sherman," says a Washington man, "when I blundered into a sitting room I had not seen before. Mr. Sherman was with me and I remarked on what a cozy apartment it was. 'This is the servants' sitting room,' he explained. 'My wife insists on one thing: no matter what size of a home we occupy, the people who work for us must be comfortably housed.' Afterwards," added the Washington man, "I had a peep into an immaculate kitchen. It was not only spacious and perfectly equipped, but it was a cheerful place to work in and it had a mighty pleasant outlook. 'My wife,' said Mr. Sherman, 'has always lived up to one theory—that a faithful laborer is worthy of a little more than just wages.'"—ISABEL GORDON CURTIS in *Good Housekeeping Magazine*.

NURSING IN MISSION STATIONS



[This department has a two-fold purpose,—to keep nurses in this country in touch with the work of missionary nurses, and to put missionary nurses in touch with each other, for an interchange of ideas, questions, and suggestions. All nurses engaged in mission work, of every creed and country, are invited to contribute to its columns.]

THE *China Medical Journal* for March contains an account of the Triennial Conference of the China Medical Missionary Association. One of the subjects discussed was "Nursing in Mission Hospitals." Dr. Todd, of Canton, reported that in a men's hospital of twenty beds he used only women nurses, having been led to do so by noticing "how much tidier women's hospitals were."

The association adopted a resolution in favor of individual communion cups. It expressed its gratitude to Dr. Tatchell, who has undertaken to organize a purity league among Chinese boys and young men.

Miss Emberley, superintendent of nurses at St. Matthew's Hospital, Alaska, has resigned her position.

The Messenger, published by the Church of St. John the Evangelist, Boston, gives extracts from the letters written by Miss Woods, of Fort Yukon, Alaska:

"When I returned to Fort Yukon last summer there was much to do. Men were finishing the interior of the new house. Two rooms had been built on this, and there was still heavy work, a new ceiling in our front room, papering, etc., to be done. I began at once to put one place after another in order. Two weeks after my arrival Miss Langdon left, and Miss Cady went with her for a rest. The day before she left a young man was brought here who had nearly shot his arm away. I took him in and gave him my room, and took care of him for six weeks. This gave me a family of six to cook for, and a patient to care for, besides six children, and two of those less than five years old. I was using every spare minute day and night to get the house in order for the cold, dark winter, and all of this meant much more work than one can imagine. Miss Cady returned in a month, and in a few weeks the family began to grow smaller, and now we are alone with our ten children for a few weeks.

"Every evening at seven all the village children come to the mission, and we read and learn hymns. We have a boys' club and a girls' club, a Woman's and a Junior Auxiliary, and a Bible Class. I am taking them through the Catechism in Indian. We are now studying the Creed.

"I have just made out my order for the coming year, and I am worried as to how it will be paid for. I have ten children, and nothing promised for the support of any of them."

Spirit of Missions, for May, in reporting on work in Anking, China, says:

"St. James's Hospital we found in excellent condition so far as its reputation and the character of its work is concerned. A staff of competent nurses has been trained, and the work is being kept up to the high standard of efficiency with which the hospital began its career in its new quarters. Its reputation has been steadily growing, and difficulty is experienced in holding down the work within limits where it can be properly handled.

There is urgent need for another trained nurse to be added to the hospital staff. The two nurses already here have both done splendid work and are exceptionally efficient. Even they, however, are unable fully to meet the strenuous demands of the hospital work. The furlough of one is due next summer, and it is of the greatest importance that another nurse be in the field at that time to take her place."

Dr. Taylor, of the same hospital, writes:

"Our hospital is the only one in quite a large city on the Yangtse River and for several hundred miles round about. We treat about 18,000 to 20,000 patients a year and the work is growing tremendously. We have had two foreign-trained nurses, who under me had charge of the schools for men and women nurses. These nurses are needed now in mission hospitals all over China, and in time to come will be more necessary to our work than Chinese doctors."

TRAINED NURSES NEEDED FOR MISSIONARY SERVICE

THE AMERICAN BOARD.—Dr. C. H. Patton, 14 Beacon St., Boston, Mass.

Dr. Thom, of Mardin, Eastern Turkey, calls for a nurse to assist him in his work and to take charge of training native nurses.

Dr. Usher, in his great medical work at Van, is also asking for a nurse well equipped for a large work, who can sail in the near future. *This is one of the most urgent cases.*

A nurse or physician at Hadjin, Central Turkey, the nearest medical aid being at Adana (W.B.M.I.).

At Aintab, where Dr. Shepard and Caroline Hamilton are in charge, assisted by Miss Alice Bewer, a nurse, the work demands a second fully qualified missionary nurse.

There is a call for a nurse in Foochow City, China, in connection with the Woman's Hospital (W.B.M.).

Dr. Sibley is building a hospital at Davao, Philippine Islands, for which he needs a nurse who can be superintendent. This is pioneer work in the great Island of Mindanao and opens up splendid possibilities of usefulness. *The need is urgent.*

CHRISTIAN WOMAN'S BOARD.—Mrs. Anna R. Atwater, Missionary Training Institute, Indianapolis, Indiana.

Two trained nurses for hospital work in India.

DUTCH REFORMED BOARD.—Dr. W. I. Chamberlain, 25 E. 22nd St., New York.

One trained nurse for hospital work in Arabia.

W. F. M. S. OF THE METHODIST EPISCOPAL CHURCH.—Miss E. R. Bender, 150 5th Ave., New York.

One nurse and evangelistic worker in the Philippines.

AFRICA INLAND MISSION.—Mr. J. Davis Adams, 1701 N. 55th St., Philadelphia, Pa.

Nurses for pioneer work in Africa.

WOMAN'S BAPTIST SOCIETY OF THE WEST.—Mrs. Mary E. Adkins, 450 E. 30th St., Chicago, Ill.

Two nurses for East China.

PROTESTANT EPISCOPAL SOCIETY.—Mr. J. W. Wood, 281 4th Ave., New York.

Four nurses for China and Philippines.

PRESBYTERIAN BOARD OF HOME MISSIONS.—Dr. C. L. Thompson, 156 5th Avenue, New York.

Three nurses needed immediately in the Presbyterian Hospital at San Juan, Porto Rico. They should all be devoted missionary workers. Two of them should be thoroughly trained in actual successful hospital experience; the other would be valuable if, in addition to some knowledge of nursing, she were capable of taking temporary assignments in other hospital work during the absence of different workers. Knowledge of the Spanish language will be very valuable. Must be physically capable of doing work in this tropical climate. Term of service is five years.

For further particulars write to

DR. S. M. ZWEMER, 125 East 27th St., New York.

A nurse is also needed by the University Medical School in Canton. Three physicians are now on the field, and one trained nurse, Miss M. C. Soles, who went out a year ago in response to an appeal published in the JOURNAL, but who is now to be married. A permanent hospital and dispensary are to be erected this year.

The salary for such a position is not meant to cover the worth of the person filling it. That is impossible. It is only meant to enable the worker comfortably to give her time and energy to her work. It would be \$600 a year with \$50 to help towards a summer outing of 2-4 weeks and winter holiday of two weeks. The period of service would be six years, one of which would be spent at home on furlough, salary to continue during that time. She would also receive her necessary travelling expenses and rent of house or suite of rooms. Should she voluntarily resign within five years she would refund all travelling expenses and one-half her salary; or within three years all money received to date. Further particulars of this position can be obtained by writing to DR. J. C. McCracken, Canton, China, or to EDWARD C. WOOD, Houston Hall, U. of Pa., Phila., Pa.

THE cause (of forest conservation), with its colossal problems, must not be allowed to become a football of factional or personal ambitions; it needs all the friends it can win, of all shades of party or partizanship, particularly in Congress, to which now falls the great responsibility of enacting into law the unmistakable demands of public sentiment.

Much of this work is urgent. Legal safeguards should be established to prevent such wrongs as the endeavor to take up coal lands worth \$2,000,000,000 by one person, by means of proxies; the use of water power should be so defined and regulated as to preserve the rights of the people without impairing the normal development of the west; the reclamation service, which is making the desert blossom as the rose, should be carefully fostered and protected against political and private greed; the whole system of river and harbor development should be placed on a business instead of a political basis; and, last, but not least, let us repeat it, the President, Congress and the governors and legislatures of the states should address themselves at once to the need, so often set forth in these columns, of a co-operative plan to save from destruction the forests of the upper reaches of the whole Appalachian range.—From an editorial in the *March Century*,

FOREIGN DEPARTMENT



IN CHARGE OF

LAVINIA L. DOCK, R.N.

MEMORIALS AND MEMORIES

FROM every foreign country have come the most heartfelt expressions of grief over the death of Isabel Hampton Robb. Our pages do not give us space to reprint them, but they are all remarkably alike in expressing the warm human regard for a character whose personality had impressed every one from the first. One speaks of Mrs. Robb's "gentle force," and all feel that they have lost a personal friend who had enriched their lives simply in coming into them.

The British nurses are proceeding to found a memorial to Miss Isla Stewart. At a meeting recently held in the Clinical Theatre of St. Bartholomew's Hospital, Mrs. Fenwick, being asked to open the discussion, emphasized the paramount importance of the idea that the memorial should be inspired by the spirit of the lost matron. A fitting memorial should be of an educational nature. The meeting voted unanimously that the Isla Stewart Memorial should be of a national character, and take some educational form, to be decided by a committee formed for the purpose. In the meantime, it was decided to send a student to Teachers' College to take the course under Miss Nutting, a very gratifying event for us. The committee is composed of nurses representing all the important organizations of nurses of Great Britain and Ireland with which Miss Stewart had been in relation. So, in America and in the mother country, nurses are, at the selfsame moment, transmuting their sorrow over the loss of two of the staunchest and truest comrades their ranks ever included into the best kind of memorials,—living ones, which shall harmoniously and joyfully carry on the memory of the departed ones to inspire the younger generations.

AN INSULT TO THE DEAD

While nurses of all countries are mourning Miss Stewart, a most unheard of insult to her memory in the shameless attempt to wipe out all the influence of her lifework has been the action of the election committee in selecting her successor. Briefly,—for the news has come

after our pages have been set, the election committee of Bart's has chosen an assistant matron from the London Hospital; a woman who has never had a matron's experience, and one who is evidently meant to be only the tool of the anti-registration element in the hospital's committee, and, doubtless also, of the element who are willing to make huge profits for hospitals out of the sweated labor of nurses. The London Hospital sends out its pupils to private duty, besides running a large private staff for its own profit, and it is the central stronghold of anti-registration and of hostility to self-governing organizations among nurses. Its certificate, moreover, is given for one year less than Bart's, and the women who train there are not encouraged to think for themselves. It is well known that those of them who do, even when engaged in work of great distinction, *meet with an icy reception if they venture within the doors*. The details of this incident are such as to make one feel certain that a plot has been preparing before Miss Stewart's death; for the knowledge that she was doomed by an incurable disease was general. We shall give fuller details at another time.

LETTERS AND ITEMS

THE most cheering reports of the prosperous and successful opening and progress of the new training school in Rome are at hand. Miss Dorothy Snell, the English head, seems to have been born for the position she holds, and the whole story sounds too good to be true. Screens and bedbaths have been introduced, to the astonishment at first, and the satisfaction next, of the patients. Miss Turton writes: "The patients are leaving off calling perpetually for attention; they have learned that everything will be done for them in due time—and without 'the hateful tip.'"

The probationers' dresses are of green and white, and the screens of scarlet twill, "bringing a vivid note into the colorless wards," and making up the three colors of the Italian flag.

The head nurses, most of whom are from England, have a group of ten probationers to teach.

MISS BAXTER's school in Naples is also developing steadily; a new operating room and children's wards have been placed in Miss Baxter's charge, and she has an English nurse, Miss Bertha Tulloch from St. George's Hospital, as assistant, and night nurses for the children. This is an immense innovation, and two respectable night "chaperons" sit up at night to give the requisite air of propriety required by the nurses' parents.

Miss Baxter, in a letter, says: "I have now three head nurses: Miss Tulloch in the children's wards, and the other two, paid by the hospital, in the two operating rooms. Next year I shall have another in one of the male medical wards, paid by the Pathological Clinic to which two free wards are attached. . . . And, also, I am to have a permanent head nurse in the surgical dispensary . . . the most interesting thing about this is that the request came from the doctors and the hospital directors themselves. . . . I went to Rome on Friday in order to be present at the inauguration ceremony of the new school at the Polyclinic. It was very simple but very impressive. Queen Helena arrived at ten o'clock, and was received by the Princess Doria and Signora Maraini, who represented the committee, and by Miss Snell, Miss Turton, and Miss Clay, the Home Sister, and all the other nurses, consisting of four head nurses, about six staff nurses, and the pupils. One of the staff, the operating-room sister, is a pupil of my own, and I hope to send them another in the autumn. . . . I was very much exhilarated by my visit to Rome, as I found everything beautifully organized. . . . The queen was taken over the nurses' home, which is a perfect little gem, with its pretty white rooms and white enamelled furniture, the beds covered with rose-pattern cretonne;—every floor has its bathroom with modern plumbing of the most approved style. . . . She was very nice to me also and asked some kind questions about my Naples school. Afterwards she went to the wards nursed by the school. The Polyclinic has a capacity of 1260 beds."

DR. HAMILTON also has an English head nurse, Miss Edith Gregory, at the Protestant Hospital, and her work, too, grows continually and she and Miss Elston are hardly able to supply all the calls coming to them. During the past year the Protestant Hospital has had a peculiarly gratifying gift. A young Englishwoman of wealth, Miss Bryant, had taken the full course of training there, in order to prepare for the reformation in Italy, and upon leaving she endowed the hospital with a handsome sum to increase the salaries of all the permanent nurses, in order that Dr. Hamilton might have no trouble in getting and keeping head nurses of a high order. Miss Elston goes quietly on her shining way, her head unturned by all the successes and distinctions that come to her school: three of her nurses have recently been decorated by the War Department for valor in a typhoid epidemic in the army garrison of Saint-Brieuc, the ceremony taking place at the school in the presence of all the staff of physicians and nurses.

SPAIN comes next: 'The Bordeaux Nurses' Journal tells us that Mlle. Marie Zomak, a member of the German Nurses' Association, who had lived eight years in Spain before taking up a nursing career in Germany, has been called to Madrid to organize there the first school on the pattern of the "Florence Nightingale system," in the *Institut Rubio*, a small and well-endowed hospital which has always had secular nursing, and where she will have the support of a progressive physician and the important people of Madrid. This is a most interesting undertaking, and will be hopefully watched, while Mlle. Zomak will have the best wishes of her whole guild with her.

THE current number of the *Garde-Malade Hospitalière* shows in parallel columns the plagiarisms of Dr. Baccarani from the Hamilton thesis. They are wonderful to behold.

SISTER AGNES KARLL and Sister Maida Lübben have made a very careful statistical and explanatory study of the conditions of health of the 2500 or more Sisters in the Association. Our space does not permit us to go into details, but the findings are shocking in their evidence of overwork and premature exhaustion: Sister Agnes finds the average *working* time of the Sisters to be only *eight years and two months*. Early, and often incurable, invalidism, suicides from fatigue neuroses, premature death, and chronic over-fatigue make a melancholy story, yet of the 2500 all but seventy odd were in perfect health at the time of their entrance into training. Well may Sister Agnes call upon the public, the directors and physicians to open their eyes. For our part, we will say again that the kind of medical science that kills nurses to cure patients is in our eyes only a solemn humbug.

A valuable and unusual service has been done the German nurses by the collation and transcription of all and sundry laws and regulations of the empire and its federated states which have any bearing upon members of the nursing profession in their capacity as self-supporting women in a profession having educational features. Much of the book would be quite unintelligible to American nurses, as we have a much less carefully-regulated social order. Yet in spite of the elaboration of German laws, so rapidly has the modern profession grown, and so little had lawmakers and lords of creation thought about it, that it was almost impossible to find out what *did* concern nurses, either for good or ill. If officials in three different places were questioned on one and the same point, says Sister Agnes, four different answers were given! One each and one to spare! The collation made by Fräulein Charlotte Reichel has

an interesting history. The theme was given to her as a part of her higher studies as a laywoman. Inquiring in hospitals she found that no one knew anything, and what they did they were not allowed to tell. Frä. Reichel, therefore, entered hospitals, as our industrial investigators enter factories, and worked in them until she had practically encountered all the phases of a nurse's life which could or might come under the myriad statutes of the Fatherland. Sister Agnes, who has written a foreword to the book, considers it of extraordinary value both to nurses and to students of social and political economy.

THE Swedish nurses have formed a national association under a governing body consisting of nine nurses who represent prominent groups or institutions. The president is Sister Emmy Lindhagen, the vice-president, Sister Agda Meyerson; treasurer, Sister Bertha Wellin; and the secretary, Sister Estrid Rodhe. The headquarters of the association will be in Stockholm, where the charming little blue and white journal is already edited by Miss Rodhe. Our most cordial good wishes to the new association, and we hope to see it enter the International Council at Cologne.

MISS WALD writes from Japan: "We went to the graduating exercises of midwives at Dr. Saiki's hospital. Thirty-eight women completed one year's study which, after government examination, permits the practice of midwifery. These examinations are said to be difficult. Dr. Saiki is a graduate of the University of Pennsylvania and a post-graduate student of the Johns Hopkins. Most of these women returned to the hospital for an additional year of training to complete the course for a trained nurse's certificate.

"I addressed them, and the interpreter then made an elaborate speech in Japanese purporting to be my impromptu remarks. The room where we had the exercises was matted as usual, the students sitting on the floor. On the wall was the picture of the Empress who, 1200 years ago, nursed the lepers. We are having her story translated to you."

MISS HIBBARD writes from Havana: "We had a very serious explosion of dynamite at Pinar del Rio, on May 18th. The news of the disaster being telegraphed to the President, relief was organized at once under several groups, the Secretary of Sanitation leaving Havana with eighteen nurses and ten doctors just one hour and a half after the news came. The nurses under Senorita Margarita Nunez and Senorita Martini, the superintendent of the Mercedes hospital, are doing excellent work and

have been on duty on the spot since the 18th. This is the first time the Cuban nurses have been called to a scene of national disaster, and I do feel so proud of them;—all I hear is praise of their work and appreciation of the spirit they have shown. The nurses went by government order, as they could be mobilized much more quickly than by the Red Cross.”

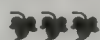
THE Bordeaux nurses have entered with enthusiasm upon the anti-alcoholic crusade, and the April number of *La Garde-Malade Hospitalière* has a strong and impressive article of great value upon the destructive action of alcohol on race efficiency.

MRS. FENWICK sent a wreath of flowers to lay upon the bier of the late king, from the members of the International Council of Nurses, who, last summer, enjoyed a special mark of his kindness and regard for nurses in the never-to-be-forgotten visit to Windsor.

LIFE has a tendency to become a mere mechanical repetition of things done before. We do not conquer circumstance; we are conquered by it. How necessary, then, is a sudden break in daily routine, a turning away from our usual interests, a sharp summons to the soul to reassert her supremacy!—SAMUEL McCOMB, D.D., in *Good Housekeeping Magazine*.

DEFINITE instruction concerning the nature and methods of prevention of tuberculosis is being given to less than 6 per cent. of the public school children of the United States according to a bulletin issued by the National Association for the Study and Prevention of Tuberculosis.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE



NURSING FOR CORPORATIONS *

By AUGUSTA M. CONDIT

Assistant Superintendent of Nurses, Instructive District Nursing Association,
Columbus, Ohio.

OF the many fields of usefulness, along the lines of her profession, into which the graduate nurse of to-day has entered, one of the most alluring and important is the work of the factory nurse. Ten years ago, or even a shorter space of time, skilled care for the employees had not been even considered, much less provided for, by any of the manufacturing companies of our country, but to-day there are very few of the factories in the larger cities which have not included the trained nurse in its corps of workers and consider her a most valuable asset. In some cities, one of the regular visiting nurses is given charge of the factory work, the company being responsible to the association for her salary, and her time being entirely at its disposal; the association on the other hand, seeing to it that a capable, and entirely satisfactory woman is provided. Such an arrangement exists in Cleveland between the Visiting Nurse Association and one of the large hardware companies in that city. This, to my mind, is the ideal manner of conducting the first aid and welfare work, as it not only enlarges the scope of the visiting work, but it also brings the corporations into a more intimate relationship, and into closer touch with the various philanthropic organizations of the city—and such contact cannot fail to be of the greatest benefit to each. It also relieves the corporations of the responsibility of a work the various details of which they are not in a position to intelligently comprehend. The Western Electric Company of Chicago, which employs from 3000 to 4000 men, have built a most completely equipped hospital, where any man injured while in its employ can be given not only first aid, but the best of medical, surgical, and nursing care until he is able to resume work again. The Cash Register Co. at Dayton, O., also has some such provisions for the care of its employees.

* Read before the Graduate Nurses' Association, Columbus, Ohio, April 6, 1910.

This work was undertaken in Columbus about two years ago, entirely as an experiment, by one of the largest manufacturing companies, and I feel perfectly safe in saying that the results of the experiment have far exceeded all expectations—the work, even in so short a time, has proven itself to be not only invaluable, but absolutely indispensable, to the company under whose direction it was established. With this company the welfare work is an important feature; and this, combined with the dispensary and “first aid” work, is at this time under the direction and supervision of a resident physician, and a nurse, whom you all know as a woman well fitted for the position she occupies,—a position, which you will appreciate requires not only a well-equipped but a resourceful and tactful woman.

You think this nurse has little to do? Why she is the busiest woman in our profession. Listen to some of the details: she has charge of the factory dispensary and general supervision of hygienic conditions in all the buildings. Each department foreman sends the name and address of an absent employee and she visits the home, making a report by telephone as to the conditions found there: this is done with office employees also, on the same basis as with the factory employees. Full and comprehensive records are kept of each person visited in the homes, these records embracing a detailed account of the various members of the family, general home conditions, etc. Often the most delicate adjustment between physician, family, and neighbors depends upon her discretion; and right here is where the nurse is most valuable, and almost without an exception, most appreciated, and most welcome.

In the pocket of the average factory man, after the rent, grocery, and gas bills have been paid, there is little or no money for extra help for the tired mother and wife when illness comes. The nurse entering this home once or twice a day, where a little child lies ill with pneumonia or some such dread disease, is of inestimable comfort and help to the little mother there, sharing with her the responsibility of the care of the child, by giving much needed advice and cheering her in numberless ways. In cases in which more care is needed than the nurse has time to give, the visiting nurse becomes useful.

Often in her visits to the homes the nurse discovers conditions existing which need consideration and adjustment; perhaps some member of the family may be the victim of a disease hitherto unsuspected, which the experienced eye of the nurse quickly discerns, and medical aid is advised and even provided in many cases; or a baby, actually suffering from the lack of proper and sufficient nourishment, is directed along the path to “peace and plenty” under the careful and intelligent guidance of the nurse.

The lessons in ordinary and surgical cleanliness, the importance of care, and the danger in the neglect of the slight injuries as well as in the more serious ones, which in his dispensary experience is indelibly stamped upon the mind of the factory man, are lessons which, if he heeds, will save him not only dollars and cents, but suffering and in many cases, his life.

While this work, from the viewpoint of the employer, is of financial value, I know whereof I speak when I say that it is in a larger sense an indication of the deep personal interest taken in the work and life of the man at the bench, in the foundry, and in the office; and this same man is beginning to appreciate more and more the fact that somebody knows and cares when he is absent from work, and cares enough to find out why, and to give both sympathy and aid when needed.

And now just a glance at the amount and nature of the work done in the dispensary at the Jeffrey Manufacturing Co., for which it is well equipped. During the month of March "first aid" was given 318 patients, a daily average of about 15 original cases. There were 414 re-dressings made during the month, a daily average of 20; 327 medical cases were given attention, a daily average of 16, making a total daily average of 51 cases, and a total for the month of over 1000 cases in the dispensary. Besides these, there will be at least four or five calls for the nurse to make daily, in as many parts of the city, these calls not being included in the general average.

As to the nature of the original injuries, most of these can be classed under some one of the following heads: injuries to the eye, by flying bits of steel, emery, &c.; cuts about the face and head, or on the hands; bruises, of different parts of the body; and burns, which are, perhaps, the most troublesome of all, as they are usually received from molten iron dropping inside the shoe, and burning its way well into the tissues of the foot before the shoe can be removed. These burns require a long time before the healing process is complete and they are particularly difficult to protect against infection owing to the locality of the burn and to the fact that the patient is anxious to continue his work.

There are, also, crushed fingers and toes, strained tendons, sprained ankles, and occasionally fractured and even broken bones. In accidents of a serious nature the consulting surgeon, employed by the company, is called and the patient removed either to his home or to one of the hospitals as the case may require. Since the establishment of this work the percentage of infections following injuries is practically nil.

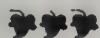
In reviewing the work of the two years with a member of this company this statement was made: "We can conservatively say that the

results of our experiment have far exceeded all our expectations; the work is of great value, both to the company and to its men, it has opened up undreamed of avenues for usefulness and we feel that we could not operate our factory satisfactorily without our first aid and welfare work.

NOTE.—It has been a matter of pride with the JOURNAL's management, from its beginning, to offer to its readers original reading matter, prepared exclusively for its pages. There appeared in this department last month a short article which we have since seen in three other magazines. The writer explains that she did not intend her contribution as an article, but as a report for the department of news items. As it was prepared in literary form and under a title, this was not clear to us when we received it, and we are sorry it was misplaced.

THE PROBLEM OF THE HOUSE MOSQUITO.—In New Jersey the work done in the salt marshes since 1904 has practically eliminated the migratory species of mosquito, says Smith (*Bull. 216, New Jersey Agricultural Exper. Station, November, 1908*), but the local breeding house mosquito still annoys to a greater or less extent, depending on favorable conditions of season and moisture. It breeds in one or two weeks in every conceivable sort of place where there is even the smallest quantity of stagnant water, and its extinction depends on constant vigilance in destroying its breeding-places. The impregnated female hibernates in cellars, garrets, cold rooms, dark and sheltered places, hollow trees, under loose bark, and even in burrows or holes in the ground. In the spring the eggs are laid on the surface of the water and soon hatch. In cellars and similar inclosed places they may be killed by fumigation with phenol and camphor or by burning stramonium. All cisterns, rain-barrels, etc., should be kept covered and all pools drained and filled, or covered with oil. Even sewer catch-basins afford breeding-places for them and these should be looked after. In New Jersey, water in which larvæ breed is declared by statute to be a nuisance; local boards of health are given power to abate it and their orders may be enforced against municipalities as well as individuals.—*Journal of the American Medical Association.*

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

HOSPITAL INFECTION OF TUBERCULOSIS.—In an article in the *British Medical Journal*, J. Edward Squire, M.D., gives the result of inquiries as to the prevalence of infection amongst the medical staffs and nurses of special hospitals for the treatment of tuberculosis. Of twenty-seven residents who replied to his inquiries, only four had suffered from the disease. Of these, two were victims before their residence in hospital, one had had a local infection of the hand acquired at a post mortem, and another had so-called tubercular warts on one hand which had been removed; all four were alive and well at the time of writing. He concludes that the risk of infection is little, if at all, greater than in a general hospital. The risk of tuberculous infection, even in a hospital for consumptives, appears to constitute a very slight danger, whether to medical men or nurses.

A STEP TOWARDS THE CURE OF CANCER.—*The New York Medical Journal* says: In all professions the men who have died at their post, in the conscientious and ardent pursuit of a great idea, are those who furnish the greatest inspiration. Dr. Hodenpyl, whose untimely death, from pneumonia, at the age of forty-six, occurred on May 5th, was known as one of the ablest pathologists of New York, and the work into which he had thrown all his energy and effort for the last two years was one which will perhaps enable his successors to work out a cure for cancer. He had found that a number of cancerous patients who were considered beyond operative help were relieved, at least temporarily, from all symptoms, by the injection of the ascitic fluid obtained by tapping a patient who was one of those rare ones that sometimes recover, of themselves, from extensive carcinoma.

It is premature at this time to predict that a cancer cure has been discovered; but it is probable that one of the greatest steps forward has been taken, and though the obtaining of antiserum in appreciable quantities may be the work of his successors, the glory of having indicated the new line of work will be associated with Dr. Hodenpyl's memory.

NEW FACTS ON CANCER.—*McClure's Magazine* for May has an

article, by Burton J. Hendrick, on this subject, a continuation of one published several months ago. After outlining Dr. Hodenpyl's experiments with the serum treatment, referred to in the paragraph above, he gives these general conclusions:

"And the peculiarity of cancer is that it apparently assails our most valuable lives. Unlike most of the contagious diseases, it does not flourish in filthy and noisome back alleys, but seeks the sunlight and the homes of the industrious, the happy, the prosperous. In the East Side tenement section of New York, in the East End of London, it finds fewer victims than in the more sanitary parts of both cities. According to the figures of the statisticians, viciousness and crime, while they strongly induce other deadly diseases, apparently offer a mysterious immunity to cancer. Thus, among men, few drunkards are cancerous, and, among women, few prostitutes. In workhouses, jails, and lunatic asylums cancer is likewise only exceptionally found. Women are the greatest sufferers; according to the highest statistics, one in every eight, above the age of thirty-five, dies from this disease; married women succumb more frequently than unmarried, and fertile women more frequently than barren. These are the facts that give an absorbing interest to Dr. Hodenpyl's important experiments."

NUTRIENT SUPPOSITORIES.—*The Interstate Medical Journal*, quoting from a German contemporary, says: The comparative uselessness of nutritive enemata has led Boas to suggest replacing them by nutritive suppositories, consisting of crystallized egg albumin, dextrin, salt and cocoa-butter. If these suppositories are made two and a half inches long and half an inch in diameter, they will contain a little over 46 calories. Four or five of these suppositories can readily be introduced daily, so that the patient receives some 230 calories. This, of course, does not represent a sufficient nourishment, but it is greatly superior to anything that can be attained by means of nutritive enemata. In addition, the necessary water must be supplied by means of two saline enemas daily of a pint each. The suppositories are well tolerated and represent a distinct advance in rectal alimentation. Both crystallized egg albumin and dextrin are readily obtainable from dealers in chemical supplies.

SUTURE OF THE FEMORAL ARTERY.—*The Medical Record*, quoting from a German contemporary, says: Sonnenburg reports the case of a man in whom the anterior femoral artery was cut almost completely across by a splinter of steel. The diagnosis was difficult, but as the hematoma increased in size an incision was made. The torn ends of the artery were approximated and sutured by the circular method of Carrel.

The results were perfect; pulsation returned to the foot; the leg, which was cold, became warm, and the limb was saved.

EVIL EFFECTS OF SOOTHING SYRUP.—*The Journal of the American Medical Association* reports the death of a child, ten months old, from the administration of one teaspoonful of Mrs. Winslow's soothing syrup. Stimulation by atropine, strychnia, and alcohol was tried, but without avail.

CURRENT LITERATURE OF INTEREST TO NURSES

Medical Record, May 14, "The Cause and Prevention of Typhoid Fever," Editorial; May 21, "Hygienic Principles of Ventilation," W. A. Evans, M.D.; May 28, "Therapeutic Possibilities of the Juice of the Fresh Pineapple," B. G. R. Williams, M.D. *N. Y. Medical Journal*, May 7, "Norway for Neurasthenia," Charles E. Namenack, M.D.; May 14, "Diet in Pulmonary Tuberculosis," Charles Bayersley, M.D.; May 21, "Sterility in the Female," Charles Gardner Child, Jr., M.D.; May 28, "Comets and Plagues," John Knott, M.D. *Journal of the American Medical Association*, May 14, "Ergot," "Being Supplanted," Editorial. May 21, "The Soy Bean as an Article of Diet for Infants," John Ruhräh, M.D.; June 4, "Some Public Health Problems," G. Milton Linthicum, M.D., "A Water Curtain for Cooling Rooms," William J. Manning, M.D.; June 11, "Methods for Extending Popular Education in Public Health and Preventive Medicine," Seneca Egbert, M.D., "Institutional Treatment of Nervous and Mental Diseases," Theodore Diller, M.D., "Ulcers of the Leg." *Boston Medical and Surgical Journal*, May 5, "Need of Instruction and Experience in Nursing as Part of Medical Education," F. P. Denny. *The Dietetic and Hygienic Gazette*, June, "Is the Use of Hot Water Bottles Advisable in the Treatment of the Collapse of Cholera and Shock?" Seward Rogers, M.D. *The Survey*, May 14, "Hospital Social Work," Garnet Isabel Pelton, "National Tuberculosis Association Meeting," Philip P. Jacobs; May 28, "New York City's Dental Hygiene Conference and Exhibit," Mabel Rae; June 4, "Nursing Conventions and Nightingale Anniversary," "Florence Nightingale a Sanitary Statesman," "Decencies which a Laborer's Wage Denies," Frederick Almy.

LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

ANOTHER SUBJECT SUGGESTED

DEAR EDITOR: I appreciate the inspiration the JOURNAL has given me ever since I opened and read the first copy. I have just finished perusing the nine volumes and have cut out and filed away the articles that I could not dispense with. As I have no home, I needed the space, but the necessary review was of more value than the end I sought.

You asked in the April number what subjects we would like written about. The article on hook-worm was excellent. Can some one tell us about the old fashioned tape-worm? It is seldom written about and yet I fear is quite common.

L. M. T.

AMUSEMENT OF SICK CHILDREN

I.

DEAR EDITOR: Here is a suggestion for nurses who want to amuse sick children. In the *Strand Magazine* of December, 1908, there is an article called "Tales with Tangrams" describing an old Chinese puzzle. It may be cut out of black pasteboard and the pieces can be used to form figures, letters, animals, and all sorts of things. These figures could be copied from the magazine by laying a piece of thin paper over the black figures and tracing the outlines with a pencil. Then a nurse could carry this paper with her in her valise and not have the weight of the whole magazine. Miss Ledwidge once read a paper before the Illinois Training School Alumnae in which she suggested using a piece of putty for moulding animals, etc.

ISABEL JARVIS.

(We have seen, many years ago, a Chinese puzzle, like the one described, we think, made of sandal wood, fitting neatly into a tiny square box, and accompanied by two books, one containing designs which might be made with the pieces, the other a key to the working out of the designs. This would amuse older patients as well as children.—ED.)

II.

DEAR EDITOR: I see in the April magazine a request for suggestions for entertainment of sick children and have one to give. This is to provide a blank book and make of it a baby-house for paper dolls, by giving a page for different rooms of a house and pasting upon them pictures of furniture adapted to each room, such as may be cut from newspaper advertisements, catalogues, etc. This would keep up an interest for many days.

In the discussion of how to provide nurses for people unable to pay the highest prices, it has occurred to me that until a graduate has had some experience in private nursing her fee should be more moderate than what she should command later.

H. F. K.

MRS. ROBB'S PICTURE VALUED

DEAR EDITOR: No picture of Isabel Hampton Robb in her nurse's dress accompanied my copy of the June JOURNAL, and as I set great value by it I would be very grateful for it.

I love the JOURNAL as my best friend and trust our leaders may enjoy long health and God's blessing to direct and instruct us through its most beautiful print and page.

H. M. C.

A REPLY TO "A. J. C."

DEAR EDITOR: I have just gotten off of a very arduous case, and it is such a pleasure to rest and read "my JOURNAL."

I notice on page 572 (Letters to the Editor), the question is asked as to the "easiest way to remove nits from the hair." In my nursing in the pauper wards of the city hospital, and in my office work and private nursing, I have seen numerous cases of *Pediculus capitis*, or head lice, and have carried out the suggested treatment by order of the physician for whom I was nursing.

I never make any suggestion or use any treatment unless ordered to do so by a physician; but I have had to nurse in families where the children had become afflicted with the "critters" mentioned, and on reporting the matter to the physician in attendance, he would tell me to do what I could in self defense. Judging that A.J.C. has found herself in a similar predicament, I will tell what I have had to do.

You mentioned kerosene oil, and Morrow, in his *Dermatology*, 1895, page 950, says "Kerosene oil is the most reliable remedy to kill the parasite and its eggs." Before making the application I always thoroughly scrub the scalp with hot water and green soap. Morrow further states, that "the scalp is soaked freely with the oil, and then covered with a bathing cap or something similar. Then after twenty-four hours again wash the scalp with warm water and soap."

After this A.J.C. may use her vinegar, with success, to remove the nits or ova. Waugh, in his "Treatment of the Sick," states that "all the essential oils destroy lice of all varieties. For head lice the tincture of *Cocculus indicus* or fish berries, is effective. The application should be renewed twice a week to reach the newly hatched broods. No treatment is effective unless the source of fresh supply is cut off." To do this we will sometimes be compelled to treat several members of the same family. There are many formulas which can be used with good results, but for cosmetic reasons lotions are to be preferred to ointments. I have used a preparation of salicylic acid, precipitated sulphur, powdered camphor, and alcohol, with oil of rosemary, to give a pleasant odor, with satisfactory results.

M.L.C.

FROM SOUTH AMERICA

DEAR EDITOR: I always look forward to the JOURNAL with much pleasure, living so far away from all my sister nurses I perhaps appreciate it more than ever before.

I wonder whether any of your readers would be interested to know how one of their fellow-workers is getting on in Peru, where she is, perhaps, the only actual graduate nurse from the United States.

In 1909 I accepted the position of superintendent (here called matron) of an orphan asylum and hospital for infants in Lima and should like to write a few lines to the JOURNAL.

B. M., R.N.

A SUGGESTION FOR COMMENCEMENT EXERCISES

DEAR EDITOR: I haven't been active in the nursing world for three years, but since January have been reading THE AMERICAN JOURNAL OF NURSING, and from it have derived so much enthusiasm and inspiration, that before re-entering the field of nursing have determined to take the course in Hospital Economics offered by Teachers' College.

In looking over the programmes of recent commencement exercises of different training schools, the question arises that was ever present during preparations for the graduating exercises, ten years ago, of a certain class of nurses of which I was a member.

Why do not nurses furnish the literary and musical parts of their own commencement exercises? Why it is that all the places are filled by outside speakers, elocutionists, and musicians, and not a nurse expected to do anything that shows she has brains or talent?

In this class of which I have made mention, there were two college graduates, three high school graduates, and at least three of the members were fairly good musicians, and when a number of us would get together in the reception room and sing, while one accompanied on the piano, the result was not bad. Yet when commencement came, all we were expected to do was to march into the chapel and keep our seats till the program was finished, then stand up and make a bow when our diplomas were presented.

I am sure a program given by nurses would be interesting to an audience composed, chiefly, of their own particular friends and relations, although it might not show such high finish and art as one rendered by outside talent.

M. G. B.

(This seems to us a good suggestion, and we do not see why a demonstration by part of the class, and several essays on nursing subjects by others, with music by the members who are gifted, would not make a welcome change from the customary addresses. In several schools the singing by the seniors of the "school hymn"; in others, the administration of the Nightingale pledge, or the Hippocratic Oath, are the most impressive parts of the program.—Ed.)

TWO UNUSUAL CASES

DEAR EDITOR: If not imposing or taking too much space in your valuable JOURNAL, I would like to ask those readers particularly interested in obstetrics, if they have experienced a case of hemorrhage in the new-born. Having had two such cases within six months, and being unable to fully understand the cause, I would like to hear if I am the only unfortunate to have such experiences and so similar.

My first case was on April 3, 1909, normal labor, baby girl, 8 pounds, delivered at 10 P.M., Saturday. During the night the babe slept well; cried occasionally, Sunday, all night; Sunday night a little more wakeful, urinated and passed meconium shortly after birth, and took the breast. Monday, early in the morning, the babe was more restless, cried as though in pain. This continued until

9 A.M., when she began to cry harder and passed a stool which was a dark brown. She had two movements within one-half hour, and I noticed instead of a dark brown it was more of a reddish. Not feeling that all was well I telephoned for the doctor as he had not made his morning call. By this time she had another and it was quite a decided red. By the time doctor arrived it was very evident that the little one was having hemorrhage. This continued for twelve hours, the intervals between the movements varying from twenty minutes to one-half hour, the little one crying sharply with each discharge. Sometimes the stool was of a thick substance and later clots. The doctor ordered alum injections, but these proved too severe, after two treatments, causing so much distress. For medication she had sodium chloride, gtt. X, every two hours, Wyeth's infant anodine, 1 pellet every hour, and atropine gtt. 1, of 1-100, every two hours. A consultation was held and there seemed nothing but death for the little one. Her body was very yellow and her face pinched, every indication of shock and exhaustion. After twelve hours, the movements became less frequent and gradually became normal and the baby is now perfectly well and has never had another attack.

Case number 2. October 2, 1909.—Normal labor, baby girl, 7 pounds. Babe very red, especially head and face, at birth. Slept fairly well first night, cried out a few times, but no more than usual. Mecomium at birth, but none during the night or in the morning. About 11 o'clock the next morning she vomited a brown mucus discharge, seemed relieved, and I placed her in the crib. She remained quiet until shortly after noon when she vomited again, of the same nature. I noticed she was straining. I carried her away from the mother and saw such a sight! Her entire clothing and back up to her neck were saturated with that peculiar reddish brown discharge with a pungent odor. I asked some one to telephone for the doctor at once. He was the same physician who had charge of the other case and we began the same treatment. The little one was so weak after this that I removed her clothing and wrapped her up. She cried constantly and though she only had two more slight hemorrhages she gradually grew weaker and at 6 P.M. passed away. It seemed so dreadful to have that precious little soul in such misery, and the poor mother! These two cases at the time were the first the doctor had ever experienced and he has been practising a number of years. Since then, however, he has had another similar, the child vomited instead of passing blood through the bowel.

Our text-books tell us that hemorrhage is often the cause of infant mortality, but it certainly seems strange to have such a condition in an apparently perfect babe. How we do want the little ones to be well, how unhappy is a case when one thing goes wrong, how much pleasure when the mother and babe are well!

I find the JOURNAL such a help to me and do wish all members of the staff every success possible.

A READER.

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL

REPORT OF THE SEVENTEENTH ANNUAL MEETING OF THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES held its seventeenth annual meeting at the Academy of Medicine, New York, May 16-17, 1910.

The first session was called to order by the president, Miss Nutting, on May 16, at 10 A.M. After the invocation by the Rev. Henry Lubeck, LL.D., D. C. L., Rector of Zion and St. Timothy's Church, New York City, the address of welcome was given by President Finley of the College of the City of New York. In Dr. Finley's address he dwelt on the fact that the nurse is a soldier of the state whose duty it is to fight bacteria which attack both mind and body and who, to contend successfully with such antagonists, requires high intellectual training and to be imbued with the great virtue of the soldier—forgetfulness of self. He paid a tribute to Florence Nightingale and prophesied that historians of the future would not record the victories of slaughter but the salvation of medicine, would not tell of the beauty of Helen of Troy, but of the beauty of the woman who formed the first school for nurses out of the chaos of war.

Miss Georgia M. Nevins, in response to the address of welcome, spoke of the enthusiasm and assistance which each member carried back to her school and her work from these annual meetings, which well rewarded her for the great effort she had made to drop her innumerable ties and come to compare notes and to listen and to see. Miss Nevins said that the pleasure of the convention was clouded by the great loss of a friend and teacher—Isabel Hampton Robb, the organizer of the society, who, trained in this country, belonged to the whole nursing world. She spoke of the pleasure to all members of having the delightful remembrance of being led by Mrs. Robb at the convention of last year.

Miss Nutting began her address, as president, with a few words regarding the sudden loss of Mrs. Robb, the member to whose broad vision nurses owe so much, as the friend and comrade who was being mourned, and who at this time, when honor was being paid to a great nurse, should also receive much honor. She spoke of the sorrow of the English nurses and our sympathy for them in the death of Miss Isla Stewart, of the great responsibility of the members of the society who hold in their hands the future of the schools, every step of these schools is of vital importance, and for the government of which are more and more needed women of intelligence, ability, sound education, and good judgment. She reminded the society that it must be ready to recognize deficiencies, must be willing to receive criticism, remembering, for encouragement, that members of all educational systems—the kindergartner, the teacher, and even the physician—are at times under fire.

The secretary for the council reported that five meetings had been held during the year at which all business of the society had been taken care of: Seven members had withdrawn from membership, six had been dropped for non-payment of dues, and fifty-four new members had been accepted by the society. As it was felt by the council that there was needed more visible results than could be accomplished by the annual spasmodic efforts of the national society, the secretary had been instructed to send letters to representative members throughout the country, urging the formation of local societies in cities and other large centres. In response to 35 such letters, 9 replies stated that no such organizations existed; 2 hoped to organize; 3 claimed a Superintendents' Society, and the remainder failed to reply.

The secretary reported that urgent invitations had been received to hold the society's seventeenth convention in St. Louis, Atlantic City, Chicago, and Boston.

The appointment of a committee was reported by the council to draw up resolutions to suitably express its grief for the loss of Mrs. Robb; and it recommended a memorial to her, which would be national in character.

After the council's report, Miss McIsaac, one of the earliest pupils of Mrs. Robb, spoke most feelingly of her work and life and influence on all nursing matters, and moved that an expression of sympathy be sent to Dr. Robb and his family. The chair appointed the following committee to draw up such resolutions: Miss McIsaac, Miss Dock, an old and intimate friend, and Miss Nevins, one of the early Johns Hopkins graduates.

Mrs. Jenkins, to whom all nurses feel grateful for her recent generous endowment to Teachers' College, was then introduced to the society, the members receiving her standing and with much applause. The president stated that Mrs. Jenkins wished it known that she believes there should be a national Isabel Hampton Robb memorial, something worth while and entirely worthy of her: The president also announced that Mrs. Jenkins wished to contribute toward a memorial for Mrs. Robb and this year will do so by offering an Isabel Hampton scholarship of \$200, hoping to add to this later.

The resignation of Miss Linda Richards being received, the society moved that the first graduate of this country should be made an honorary member, and should be notified by telegram of the action taken.

The chair was instructed to appoint a committee to send cable greetings to Miss Nightingale on the eve of the celebration of the fiftieth anniversary of her founding the first training school; a committee was also appointed to send sympathy and regrets to Miss Drown, one of its most valued members, for her inability to be present on account of lengthy illness.

The report of the Treasurer was read and accepted.

Miss Goodrich, chairman of the committee on Nursing and Health, read a report which was received with interest and enthusiasm, the growth of the work at Teachers' College in many ways being very evident. This committee urged the formation of scholarships of from \$100 to \$200; the assistance by individual schools of their best graduates to take the course; spoke of the time and interest given by several of the busy hospital superintendents of New York City; of the new connection with St. Luke's Hospital for practical work; of the improved conditions for experience and instruction in laundry, kitchen, and dining-room management, as also of the new course in business

training and other departments for the coming year. It reported an increased number of applications for entrance received during the year, many calls from hospitals for superintendents, teachers, and department heads. It spoke of the loss of that member who had conceived the idea of the course and who had placed it in the hands of this society, and of this great responsibility which it must continue to bear wisely and well. The report ended with a recommendation from the committee that a chair be endowed in the department of Nursing and Health in memory of Isabel Hampton Robb. Upon motion this report was accepted as a whole by the society.

Miss McIsaac was appointed from the floor as chairman of a committee, the duties of which consisted of selecting a suitable permanent committee to take charge of the Isabel Hampton Memorial. No report on Red Cross affairs could be given, Mrs. Robb having been chairman. Miss Delano expressing the belief that an advisory committee from the Superintendents' Society would be helpful to the National Red Cross Committee, the council was instructed to appoint such a committee.

The chair announced the nominating committee to consist of Miss Delano, Miss Samuel, and Miss Noyes.

Miss Alline presented the need of local and state societies of superintendents of training schools for nurses; told of the work along this line which was being done in New York State; of the assistance it was proving to the individual nurse, and of the results thus made possible for improved conditions in nurses' schools. Miss Noyes, following Miss Alline, told of the plans Massachusetts has of organizing, and spoke with much enthusiasm of the possible results from permanent, local societies.

The chair presenting the need of revision of the constitution and by-laws, —a motion was carried that the council should appoint such a committee.

The afternoon session was called to order by the President at 2 o'clock.

Miss Hay, chairman of the committee on education, took charge of the meeting and stated that the committee in its year's work had followed the plan outlined for it at the Society's meeting in Minneapolis. Miss Eugenia D. Ayers, chairman of the sub-committee on nursing of the eye and ear, recommended that the general hospitals affiliate with special hospitals to secure this most valuable and needed training for its nurses, specifying injuries resulting through the local treatment, and the ante- and post-operative care of these patients by nurses unskilled and ignorant of the responsibilities they rashly assumed. Failing such affiliation, Miss Ayers thought it practicable for general hospitals to place their eye and ear patients together under the supervision of a nurse who had received instruction in this branch of nursing.

Miss Martha M. Russell, chairman of the sub-committee on obstetrical nursing, in her report, stated that with two exceptions all hospitals with which the committee could get in touch were trying to secure training for their nurses in this branch of the work, although there still existed much lack of uniformity in all the details of methods. Her committee recommended a three months' course of training given in the second or final year, regretted the evident reluctance on the part of graduate nurses to take care of this class of patient, and touched on the ethical side of the question—the duty and

the opportunity of the nurse to the mother and the child. The importance of this training for the district nurse was brought out by Miss Fulmer and others especially interested in that branch.

Sister Amy, chairman of the sub-committee on the nursing of children, reported that, judging from the answers received from the general hospitals, the training in that branch is not of a satisfactory nature and recommended that the length of time in a children's ward should be four months, under the supervision of a graduate of a children's hospital or of a nurse who had had one year's training in a children's hospital,—this ward to contain at least ten beds for medical patients between two and ten years of age, ten beds for surgical cases of the same age, and six beds for infants.

The last two papers of the session, by Miss Macmahon and Mr. Henry Griscom Parsons of the International School Gardens, dealt with the child and strongly brought out its need for entertainment and occupation. Recommendations were made and instances cited of kindergartens, manual training and graded school work, and children's garden in children's wards and hospitals. Animated discussion showed the interest of those present in this subject. Mr. Parsons stated that those who wished to obtain printed information regarding the work of the International School Gardens could do so by writing to 1133 Broadway, New York.

A committee was appointed to draw up resolutions of sympathy to be sent to the English nursing organizations upon the death of Miss Isla Stewart.

The meeting adjourned after announcement for the entertainment of the guests was made by the chairman of the committee on arrangements.

Tuesday, May 17, the meeting was called to order at 10 A.M., Miss Nutting in the chair.

Announcements, instructions, and invitations of many kinds were made by Miss Goodrich, chairman of the arrangement committee. Miss Maxwell reported that a cablegram expressing greetings from the American nurses, at the time of the celebration of the fiftieth anniversary of her founding of training schools had been sent to Miss Florence Nightingale.

The secretary reported for the council that Miss Dock, Miss Goodrich, and Miss Delano had been appointed a committee to draw up suitable resolutions of sympathy to be sent to the English nursing organizations upon the death of Miss Isla Stewart; that Miss Parsons, of Boston, Miss Hay, of Chicago, Miss Brown, of San Francisco, and, as alternate, Miss Greenwood, of Cincinnati, had been appointed a committee on Red Cross nursing affairs; that the committee on revision of constitution and by-laws consisted of Miss Noyes, Miss McKechnie, and Miss Samuel.

The following resolution of grief for the loss of Mrs. Robb was presented:

"The Councillors of the American Society of Superintendents of Training Schools for Nurses profoundly moved by sorrow and sense of keen personal loss in the tragic and unlooked for death of Isabel Hampton Robb, desire to convey to Dr. Hunter Robb and family their most heartfelt and lasting sympathy in the grief that has befallen them."

Six more applicants were recommended for entrance into membership and accepted.

Letters of sympathy to the society upon its loss of Mrs. Robb were read from Mrs. Beford Fenwick, representing the Society for Registered Nurses of Great Britain, and from Miss Mollett, the Honorary Secretary of the Matrons' Council of Great Britain and Ireland.

Miss Dock, chairman, read the resolutions prepared by her committee to send to Dr. Robb and to place upon the minutes of the society regarding Mrs. Robb's death. These were accepted as presented.

Interesting discussion arose as to the use of individual tooth brushes for all hospital patients, experience of their use for some time in several hospitals being cited; for the necessity of dental departments in hospitals, and on other subjects which showed the vital interest of all present in every detail of any practical subject which presented itself.

Miss Delano, in her report of progress in army and Red Cross nursing affairs, stated that when she undertook the work in the army she felt herself supported by the fact that she was a member of the nursing organizations of the country and in a way their representative and could depend upon the nurses for their backing and assistance. She stated that an increase in salary for the army nurses had been secured, that cumulative leave is now given, that the quarters for the nurses compare favorably with that provided in training schools, that first class travelling accommodations with ample allowance for sundry expenses is allotted to the nurse, and that in securing all these concessions the co-operation of the Red Cross had been most effective. Miss Delano presented the need of an addition of twenty-five nurses to the present corps.

Miss Hasson, superintendent of the Navy Nurse Corps, in her report stated that the nurse in the navy had benefited by the work done by the Army Nurse Corps, and that their privileges and salaries and allowances were the same. The navy now had forty-eight nurses in different localities of the country; their first permanent quarters are now being built at Washington; the eight-hour day has been established. This report also specified the need for additional suitable applicants.

Miss Parsons, as chairman of the sub-committee on nursing of the nervous and insane, recommended that general hospitals should offer this as optional training to pupils in their third year and gave an interesting outline of post-graduate work in this specialty. Her report and subsequent discussion from the floor on the part of the members and private duty nurses showed the great value of this training to the nurse, as well as the difficulty on the part of the schools in carrying on the work of the hospitals and at the same time giving their students what they desire and need in all special lines of nursing.

Miss Goodrich, chairman of the committee on post-graduate work, gave a most carefully prepared report of the efforts to provide post-graduate opportunities throughout the country. The report, as far as possible, presented the subject from the point of view of the student as well as of the institution; it stated that twelve hospitals alone had received requests from over 2000 women to enter as post-graduate students, for the purpose of specializing, to broaden their education, to prepare for institutional positions, to be able to secure state registration, etc. The result of the discussion which followed plainly showed the need for the development of this work as well as the fact that much reorganization of present methods is desirable.

The auditors reported the books of the treasurer examined and correct, and also the Fund of the Hospital Economics Course correct.

Miss Dock, as a charter member of the society, begged leave to request that she might present the need of a committee to investigate and take care of reports of injustice to any of its members, and cited several instances brought to her notice. Some discussion took place but action on the matter was deferred.

Reports having been received from Miss Delano, chairman of the nominating committee, and announcements from the committee on arrangements, the meeting adjourned.

The first paper of the Tuesday afternoon session was a most excellent one on "Student Government in Colleges" by Miss Julia Stimson. Miss Stimson spoke of some of the problems in common between the college girl and the student nurse, also of the common end in view—that of obtaining a training; of the need of each to supplement the other to make the complete education of the woman. She reported that of 110 women's colleges in the country, 22 have some form of self-government among the women, in all instances being in an experimental stage and in no case entirely satisfactory. The authority placed in the students' hands varies much, although usually it refers to matters of discipline outside of the class room—such as leaving grounds without hats, order and decorum in the grounds of the college buildings, regulations as to exercise and club work; proper chaperonage; limitations of social privileges; investigation of cases of dishonesty, and many other methods by which students may be of assistance to the governing body in obtaining dignified and honorable behavior on the part of its student body. Miss Stimson felt that the value of self-government is in the self-control developed, in the organization of individuals of common interests for common purposes, in the fact that it is in the line of progress and that possibly student nurses had now reached that stage of development where further development and inspiration might be gained by sharing in a movement that has proved helpful to college women.

Miss Luella Goold followed with a paper on "Suggestions as to How Far the Principles of Student Government may be applied to Hospital Training Schools," giving results of a successful experiment tried by her. In the discussion which followed the consensus of opinion seemed to be that self-government for the nurse, in her life outside of her hospital ward duty, might be both an interesting and a desirable thing to be tried, but that this experiment, should be reserved for the nurses' residence and no risk be taken which might react upon the sick in the hospital. A committee was appointed to make a study of the possibility of self-government in schools and to report at the next annual meeting.

Miss Lydia Anderson's paper on "The Preparation of the Teacher for the Training School" spoke of the conditions in the schools making most necessary the advent of the teacher, of the preparation considered adequate for the equipment of the teacher for the work, of the qualifications essential in the woman who wishes to prepare herself for this work, and what may be accomplished in these schools in the future.

Miss Georgia J. Saunders gave a most carefully prepared paper on "Ward Supervision," showing the attractiveness of the work to women qualified to fill these positions, and the great value of such supervisors in the practical training of the nurse and the good nursing of the hospital. That the members were interested in this subject was shown by the fact that the chair was instructed to appoint a committee to study and report upon the advisability of the adoption of the ward supervisors.

The president then introduced Dr. F. M. McMurray, professor of elementary education, Teachers' College, whose address on "The Relation and Proportion of Theory to Practice in Vocational Training" was full of suggestion, information, and encouragement to continue in the effort to obtain the trained mind for the nurse. Dr. McMurray said that it requires the fertile brain, the one filled with knowledge, to allow resourcefulness and adaptability in the man; that it is he with the vacant mind who is difficult to live with, that patience in the individual is due to the extent to which the mind is filled. He spoke of the willingness of the lawyer and physician to take a long course of training, contrasting with them the tendency to short cuts for vocational training, and claimed that impatience to see results of the practical work endangered the principle of providing in vocational training an abundance of theory, so that later, when the time is devoted to the practice of that theory the mind may still be loaded. He emphasized the fact that the value of the worker lies in his knowledge; that if he would make his vocation dignified and worthy of good pay the mind as well as the hand must be educated; and that it is not possible to master any field through practice alone. Dr. McMurray closed his address by expressing surprise at the small ratio of theoretical instruction given in nurses' schools in proportion to the amount of practical work prescribed, and in suggesting the advisability of a change in that ratio.

The following list of names for officers for the new year was presented by the nominating committee and upon motion elected unanimously: president, Miss Riddle; vice-presidents, Miss Goodrich, Miss F. Freese; secretary, Miss McMillan; treasurer, Miss McKechnie; councillors, Miss Nutting, Miss Lauder Sutherland; auditor, Miss Hay.

The chair announced that the Council had selected Boston as the meeting place for the convention in 1911.

After some discussion as to the advisability of presenting the opportunities of the nursing profession to the students of the women's colleges of the country, a committee was provided for to study and act in this matter.

Resolutions of thanks were made to the arrangement committee which had amply provided for the entertainment and comfort of the guests; to the superintendents of New York; to the New York nurses, and to all who had in any way helped to secure the wonderful success of the meetings.

Miss McIsaac, chairman of the preliminary committee whose duty it was to select the group of women who should consider the ways and means and the form the memorial to Mrs. Robb should take, and work in union with the committee from the Associated Alumnae, reported that her committee had selected Miss Maxwell, Miss Goodrich, Miss Nutting, Miss Nevins, and Miss Hay.

With the introduction and welcome of the new president, Miss Riddle, and

a motion of thanks to Miss Nutting for her devotion to the society, the meetings of the Superintendents' Society adjourned.

The secretary frankly acknowledges her inability to adequately report the meetings just completed; to do justice to the addresses given and the papers read; to tell of the interest and enthusiasm, the information and assistance gained, and the pleasure felt by all present. It is much to be regretted that any superintendent of nurses should be deprived of the privilege of attendance, be unable to partake of the hospitality of the Teachers' College, where immediately succeeding the close of this session the members were invited to see the most interesting collection of exhibits, to hear addresses from Dean Russell and others; and, most glorious of all, later, to join in that marvellous anniversary in honor of the great "soldier nurse," Florence Nightingale.

M. HELENA McMILLAN, Secretary.

SPECIAL SESSION, SUPERINTENDENTS' SOCIETY AND ASSOCIATED ALUMNÆ

OCCUPATIONS FOR INVALIDS.—On Wednesday afternoon, May 18, the American Society of Superintendents and the Associated Alumnae met together in the Horace Mann Auditorium of Teachers' College. Dr. Wood, professor of physical education in the college, presided over the meeting, and Dean Russell delivered the address of welcome to the delegates. It was extremely gratifying to find in such prominent educationalists so sympathetic an attitude toward the work of the nursing body and such an appreciative grasp of the problems which they are seeking to meet. Dean Russell's address appears elsewhere in this magazine.

The remainder of the session was devoted to a discussion of invalid occupations. Miss Susan E. Tracy read a paper on "The Training of the Nurse as Instructor in Invalid Occupations." She showed the great necessity of occupational work in the various phases of illness and convalescence, and the importance of some comprehensive training which would enable the nurse to adapt the work to the tastes and capacities and conditions of the patient. Such a course is regularly carried out in the training school connected with the Adams Nervine Hospital where Miss Tracy is superintendent.

The paper by Dr. Mary Lawson Neff was entitled, "Success and Failure in the Use of Occupation as a Therapeutic Agent." Dr. Neff traced the progress of the work in the treatment of the insane; she showed the evils of the old life of idleness and inaction in institutions for the insane, and the inevitable results of apathy or irritability, which often counteracted the best of their treatment. She showed the great improvements which had followed the introduction of systematized carefully prescribed occupations, games, and pastimes, and indicated the lines along which mental specialists were working at the present time. Dr. Neff emphasized the great importance of intelligent direction and co-operation from the nurses in such cases, and the necessity for special training in these branches.

Dr. Herbert Hall, of Marblehead, Massachusetts, followed with a very interesting paper on "Manual Work as a Remedy." Dr. Hall has made a very careful study of the effects of this work cure in neurasthenia. In Marblehead they operate regular craft-shops, with trained designers and craftsmen, who work in pottery, hand-weaving, wood-carving, etc., and the whole

establishment is on a strictly economic basis. The patients come in from homes or boarding houses, and their work is prescribed for them according to their strength, condition, and adaptability. Fatigue is carefully guarded against, but the patient soon becomes so interested and absorbed in his work, that he forgets his troubles and his sick fancies, and gradually gains in self-control and a healthy interest in life. Dr. Hall is convinced that the work-cure is one of the most valuable agents in their work of mental reconstruction. The economic side of the question is also of considerable importance in a great many cases. Dr. Wood next called upon Dr. Livingston Farrand, who was in the audience. Dr. Farrand spoke briefly on "Occupational Work for Tuberculosis Patients," showing what had been done in that direction, particularly in out-door work, and enumerating the great benefits which had resulted, morally and economically as well as from the therapeutic standpoint. He believed that such a solution of the problem of occupation for tuberculosis patients, was feasible and practicable and highly valuable—whether in sanitariums or home.

Dr. Dow, professor of fine arts in Teachers' College, then discussed the contribution of art to instruction in this field. He showed how the simplest materials and motifs could be utilized to produce most artistic results, and how children, as well as adults, might be trained to see and appreciate the artistic element in simple and ordinary surroundings.

A RECEPTION was held immediately following the afternoon session in the Kindergarten Room to which all delegates were invited. Among those who assisted in receiving the guests were Dean and Mrs. Russell, Mrs. Jenkins, Dr. Wood, Miss Goodrich, Miss Maxwell, Miss Riddle, Miss Nutting, and Miss Delano. Those who wished to see the College and especially the new Household Arts Building were conducted through by students of the nursing department. A large number of the delegates were present at the reception, and it is hoped that a very real personal interest in the College and in its nursing department will be the result of the closer acquaintance.

THE EXHIBIT

THE FLORENCE NIGHTINGALE EXHIBIT included autograph letters contributed by the Johns Hopkins Training School, by Dr. Worcester of the Waltham Training School, and by Miss Dehon of New York. The New York Academy of Medicine contributed two inscriptions with autograph. Each of the letters showed some characteristic of Miss Nightingale's own particular style, and were interesting, not only as autographs, but from the subject matter.

From Miss Hamilton, matron of St. Thomas's Hospital, London, was received an attractive collection of photographs, showing the hospital in its beautiful situation on the Thames and interiors of some of the most attractive wards.

There were also copies of various portraits of Miss Nightingale and of the different homes in which her girlhood and later life have been passed. The portraits were contributed from the Surgeon General's Library, and the Polyclinic Hospital of Philadelphia. Of particular interest was a small *carte de visite*, taken in Paris in 1861, loaned by Dr. J. Collins Warren of Boston. This photograph is uncommon, not having been reproduced in any of the accounts of Miss Nightingale's life, as far as is known.

A beautiful statuette of Parian marble, made by Miss Nightingale's sister, Lady Verney, and presented to the Johns Hopkins Training School by Henry Bonham-Carter, Esquire, was loaned by that institution and formed one of the chief features of the exhibit. It is an exquisite little figure, about seventeen inches high, and represents Miss Nightingale as "The Lady with the Lamp," an evident allusion to Longfellow's "Santa Filomena."

One of the most interesting parts of the exhibit was the collection of first editions of "Notes on Nursing" and "Notes on Hospitals," also the copies of the many different editions of her other works, in particular "Notes on Nursing for the Laboring Classes," which has been reprinted year after year and has run up to nearly one hundred thousand copies.

An especial reference must be made to a very beautiful reproduction on vellum of Longfellow's poem, "Santa Filomena," designed and illuminated by Estelle Lightbourn.

Miss Nightingale's cousin, Henry Bonham-Carter, contributed some interesting pamphlets, papers, and editions of Miss Nightingale's best known writings, among them the plans of organization of the School at St. Thomas's, including instructions for Sisters, for head nurses and other members of the staff, and for probationers.

The remainder of the exhibit consisted of a large collection of work from various sanatoria, hospitals, institutions for the blind, insane, etc. Much of this work is unique and all of it suggestive as illustrating the possibilities of manual occupations in the treatment of disease.

A COLLECTION OF THE WRITINGS OF FLORENCE NIGHTINGALE EXHIBITED AT TEACHERS' COLLEGE

Addenda. Report of Committee of the Nightingale Fund. Letter to Mr. Herbert. Privately printed, London, 1856.

Notes on Matters Affecting the Health, Efficiency and Hospital Administration of the British Army, founded chiefly on experiences of the late war. Presented by request to the Secretary of State for War. Harrison & Sons, London, 1858.

Subsidiary Notes as to the Introduction of Female Nursing into Military Hospitals in Peace and in War. Presented by request to the Secretary of State for War. Private and confidential. Harrison & Sons, London, 1858.

Notes on Nursing: What It Is and What It Is Not. Harrison & Sons, London, 1860.

———Large paper edition, 1860.

———Another edition, 1861.

———Another edition, without date.

Notes on Nursing: What It Is and What It Is Not. D. Appleton & Company, New York, 1860.

———Another edition, 1876.

———Another edition, 1879.

———Another edition, 1883.

———Another edition, 1901.

———Another edition, 1906.

———Another edition, 1908.

———Another edition, 1909.

Notes on Nursing: What It Is and What It Is Not: With Some Account of Her Life. William Carter, Boston, 1860.

Proposal for a Uniform Plan of Hospital Statistics, submitted to the International Statistical Congress. Publisher not known. 1860.

Die Pflege bei Kranken und Gesunden, etc., mit einem Vorwort des Geh. Sanitäts, Math. Dr. H. Wolff, Bonn. F. A. Brockhaus, Leipzig, 1861.

Letter to the Chairman of the Liverpool Training School for Nurses, London, 1861. In "The Organization of Nursing in a Large Town." Longmans, London, 1865.

Notes on Nursing for the Labouring Classes. Harrison & Sons, London, 1861.

———Another edition, 1865.

———Another edition, 1883.

———Another edition, 1888.

Notes on Nursing for the Labouring Classes, with chapter on the Care of Children. Publisher not known. London, 1890.

Army Sanitary Administration and Its Reform under the late Lord Herbert. Read at the London Meeting of the Congrès de Bienfaisance, June, 1862. McCorquodale & Company, London, 1862.

Hospital Statistics and Hospital Plans, reprinted from the Transactions of the National Association for the Promotion of Social Science. E. Faithful & Company, Victoria Press, London, 1862.

Notes on Hospitals. 3rd edition. Longmans, London, 1863. Presented to the Committee of the Johns Hopkins Hospital, Baltimore, by the Council of the Nightingale Fund, March, 1895.

Observations on the Evidence Contained in the Stational Reports Submitted to her by the Royal Commission on the Sanitary State of the Army in India, reprinted from the Transactions of the National Association for the Promotion of Social Science. Stanford, London, 1863.

The Sanitary Statistics of Colonial Schools and Hospitals. Spottiswoode, London, 1863.

Notes on the Aboriginal Races of Australia, reprinted from the Transactions of the National Association for the Promotion of Social Science. 1864.

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THE NIGHTINGALE COMMEMORATION

EXERCISES IN COMMEMORATION OF THE FIFTIETH ANNIVERSARY OF THE FOUNDING BY FLORENCE NIGHTINGALE OF THE FIRST TRAINING SCHOOL FOR NURSES were held on Wednesday evening in Carnegie hall. The body of the building was reserved for delegates of the societies, while the boxes and balconies were occupied by invited guests and pupils from the training schools of New York hospitals. The hall was beautifully decorated with American and British flags—the large Union Jack in the centre being draped in black in recognition of the recent death of the British King. The platform was banked in palms and flowers. It was occupied by the officers of both nursing societies, with

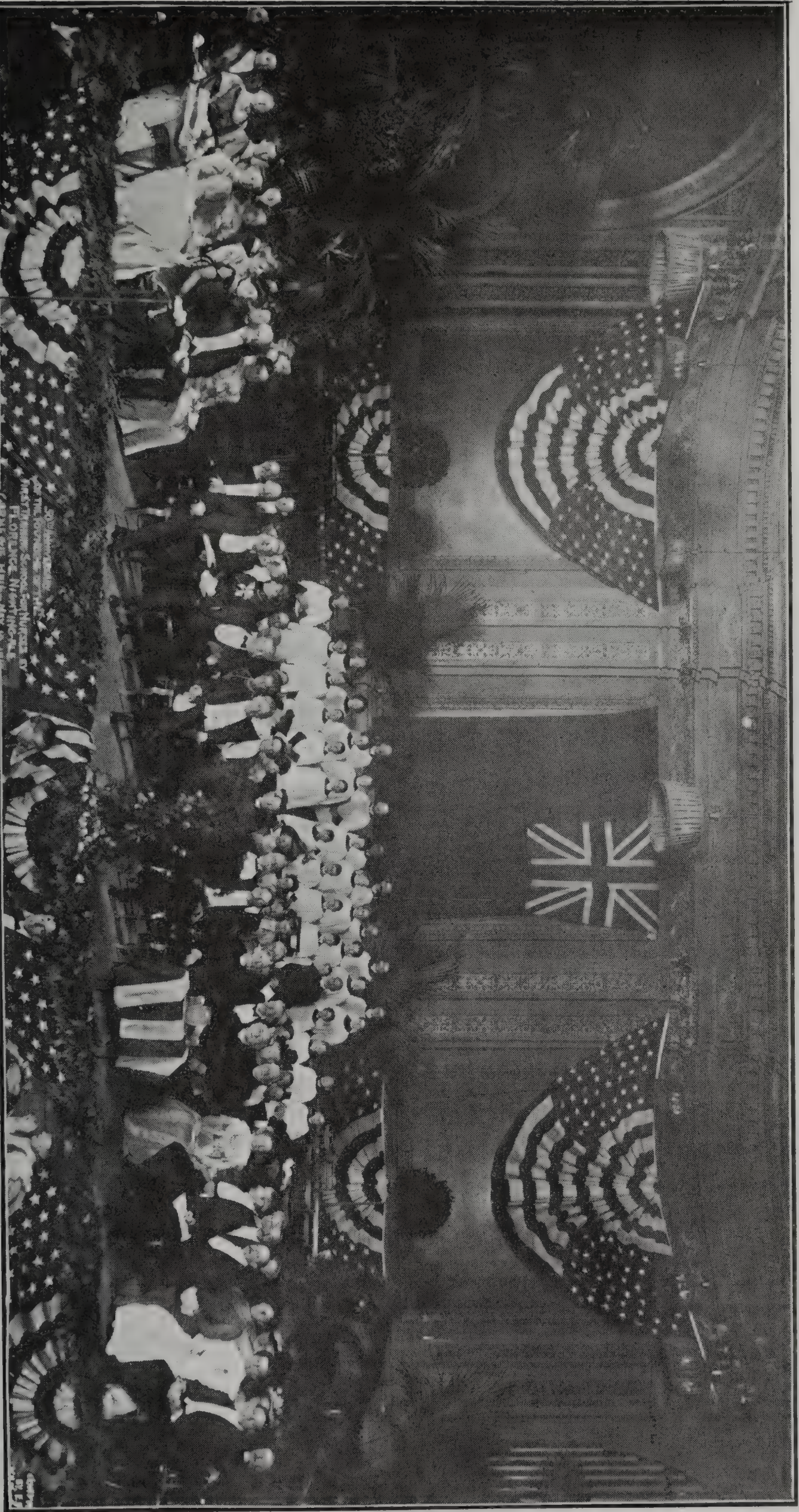


Photo. by Foley, New York. Copyright, 1910.

the speakers, and many others especially interested in nursing affairs. The surpliced choirs of St. George's Church and of the Cathedral of St. John the Divine, occupied the centre of the platform in the rear, the whole making a most effective picture.¹

The meeting opened with an organ voluntary by Mr. Homer Norris, followed by a hymn in which the audience joined. The Ven. Archdeacon Nelson offered the prayer of invocation, in the absence, through illness, of Archbishop Greer. The opening address was delivered by Professor Harry Fairfield Osborn of Columbia University; Professor Osborn is a son of that Mrs. Osborn who took such an active part and interest in the founding of Bellevue and who, with her family, has always been such a staunch supporter not only of that institution, but of nursing and nurses generally. Professor Osborn spoke of those earlier days and of the part which Florence Nightingale played in the establishment of high ideals and practical methods of hospital and training-school administration in America.

Col. John Van R. Hoff represented the American army in his appreciation of Florence Nightingale as the soldier nurse. His tribute to her and to her followers in army nursing was very freely and sincerely given, and there could be no question as to the high estimation in which Col. Hoff holds the work of nursing in army organization, nor of the qualifications he would expect in the women who volunteer for army work. He closed with an appeal for a thorough organization of the Red Cross, as an adequate preparation, not only for possible war, but for those national disasters and calamities which seem inevitable.

The Hon. Joseph Choate, late Ambassador to England, took for his theme "What Florence Nightingale Did for Mankind." It was a subject to inspire an orator, and Mr. Choate threw himself into it unreservedly. It would be impossible to indicate the range of historical field which he covered, or to follow him through the many details of Florence Nightingale's early life and training, the fearful conditions in the armies and her work there, to the later incidents of her life and the wide-reaching results of the nursing movement which she initiated. The nursing body is much indebted to Mr. Choate for his very comprehensive and understanding appreciation of the work of their great foundress, and to the public generally for a most graceful and eloquent tribute to a world heroine.

Dr. William Polk followed with an address on "The Influence of the Trained Nurse Upon Developments in Medicine." Dr. Polk was one of the earliest supporters of the modern movement for intelligent scientific nursing of the sick, and is still one of our sanest and staunchest advisors. He is none the less earnestly listened to because he realizes certain limitations and dangers in the field of nursing, but they are the limitations of narrow personal aims and ignorance—rather than the dangers of "one's education"—which we are so often warned against.

Near the close of the meeting, the chairman, Mr. Osborn, read a message which had just been sent Florence Nightingale from the associated nurses of

¹ The accompanying illustration is from a photograph made at the time, which is unusually distinct. Copies may be obtained at \$2 each from E. F. Foley, photographer, 164 Fifth Avenue, New York City.

America saying that the many hundreds of nurses gathered together that evening sent her their greeting of love and devotion and that they cherished her unperishable name and example as a guiding star in their work.

The Rt. Rev. Monsignor Lavelle representing the Roman Catholic Archbishop of New York closed with the benediction.

The evening was one to be long remembered—one of the notable events in modern nursing, remarkable for its simplicity, dignity, and impressiveness.

THE ISABEL HAMPTON ROBB MEMORIAL

IT WAS EXPECTED that a letter regarding the proposed Memorial to Isabel Hampton Robb, to be sent to the various nursing bodies of the United States, would be ready in time for this July issue, but that has been impossible. We trust, however, that ere this every organization represented at either the Superintendents' or Nurses' Associated Alumnae meetings has learned of the project and, animated by the enthusiasm of the reporting delegates, is already devising ways and means towards assuming its largest possible share of this duty and privilege. The following résumé is intended to make clear to the nurses the plans and purposes so far as they have been decided upon, so that all may give with sympathy and understanding. From the nursing body throughout the country, must come this offering, designed not only to perpetuate the memory of one of the greatest benefactors of our profession, but also to give liberal educational opportunities to those women who must in the future assume our educational leadership.

For the benefit of those not yet informed, it may be stated that at the recent meetings in New York of the Superintendents' Society and the Nurses' Associated Alumnae, by the unanimous approval of all present, committees were appointed from both bodies to devise ways and means for creating some fitting memorial to Mrs. Isabel Hampton Robb. The reports of those committees resulted in the establishing of the Isabel Hampton Robb Educational Fund.

(1) *Plan:* It is expected that at least \$50,000.00 will be raised for this fund, the interest of which shall be used for scholarships.

(2) *Value:* These scholarships shall be of different values and will probably range from \$150.00 to \$500.00, as the committee or trustees may determine.

(3) *Purpose:* The purpose of these scholarships shall be to assist graduates of approved training schools, who have given evidence of ability, to profit by the opportunities to prepare themselves for teaching or for social and institutional work in such institutions, and under such conditions, as may be determined by the committee.

(4) *Assignment of Scholarships:* The details are not yet arranged. The scholarships will probably be awarded either (1) by competitive examinations, or (2) assigned to those candidates presenting the best qualifications for making the most of the opportunities that such scholarships would afford, or (3) by a combination of both methods.

(5) *Management of Educational Fund:* For the present the committees appointed by the Superintendents' Society and Associated Alumnae constitute the custodians. No scholarships will be available before a year. The Merchants Loan & Trust Company Bank, of Chicago, will act as treasurer of the fund.

Already \$2136 have been pledged, most of it at the New York meeting. Subscriptions are to be sent to Helen S. Hay, 509 Honore Street, Chicago, Ill. All drafts, money orders, and certified checks should be made payable to The Merchants Loan & Trust Company.

Committee from the Associated Alumnae, Mary M. Riddle, Jane A. Delano, Sophia F. Palmer, Lavinia L. Dock, Isabel McIsaac; from the Superintendents' Society, Annie W. Goodrich, Anna C. Maxwell, Georgia M. Nevins, Adelaide Nutting.

HELEN SCOTT HAY, Chairman.

REPORT OF THE HOSPITAL ECONOMICS COURSE

THE HOSPITAL ECONOMICS COMMITTEE presents the following excerpts from Miss Nutting's interesting and suggestive report to the annual meeting of the Superintendents' Society of the year's work at the college.

There were registered in this department at the beginning of the year, 18 students, 5 of whom were students of the previous year taking their second year of work, 12 were juniors, and 1 preparatory. Of these 12 juniors, 6 are arranging to return for a second year, and of the seniors, 3 are returning for a third year, in each instance leading toward the degree of Bachelor of Science.

One difficulty in the way is that of expense, and the few opportunities in the college whereby a student can give assistance and earn a part of her expenses are eagerly sought for. No more useful service can be rendered the work at this time than by making entrance financially possible for the many women who are turning to the college for opportunities they cannot obtain elsewhere. Scholarships of one or two hundred dollars might be offered by alumnae or state associations or individuals, and the ease with which larger sums have been obtained from Boards of Trustees or Managers for some unusually promising graduate of a school suggests interesting possibilities in that direction. Another way is by a form of "Working Scholarships," whereby a student in her second year gives a certain number of hours of assistance daily in various departments of hospital or training-school work, receiving in return maintenance, or some other equivalent. It is estimated that the expense of educating each student at Teachers' College is not less than \$365 a year. The maintenance of so large a body of professors and other teachers, of libraries and finely equipped laboratories, is a very costly affair, and the student's tuition fee of \$150 goes less than half way to meeting it. The contributions of about five hundred dollars yearly, which were made by the Superintendents' Society several years ago, have been therefore very helpful in meeting expenses directly connected with our own department of work, such as the supervision of our students by a nurse (Miss Alline for many years), and the expense of lectures in hospital and training-school subjects. The actual sum contributed for current expenses of the course since established is \$5,339.41. Of this sum \$1,647 seems to have been given by friends and the balance of \$3,692.41 by nurses. Of equal value to the money contribution, however, and perhaps of greater, really, in the development of the course, has been that made for ten consecutive years by training school and hospital superintendents, such as Mrs. Robb, Miss Riddle, Miss Banfield, and Miss Dock, who have served as lecturers without payment, year after year, in some instances even paying their own travelling expenses. If this contribution could

be estimated in actual terms in accordance with the usual cost of such instruction, it would probably show a gift of the value of about \$3000 to the development of the course. The amounts contributed toward the expenses of carrying on the course during the ten years are as follows:

1900-1901	\$670.00
1901-1902	675.00
1902-1903	507.00
1903-1904	401.01
1904-1905	1132.00
1905-1906	580.00
1906-1907	no contributions.
1907-1908	745.40
1908-1909	555.00
1909-date (March 1)	65.00
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Total contributions	\$5339.41
Contributed by friends	1647.00
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Balance contributed by nurses	\$3692.41

Those who have thus contributed during these years to the maintenance of this work and who have thus courageously upheld the principles which it embodies must now feel rewarded in seeing the good results of their efforts. The course in Hospital Economics has developed into the Department of Nursing and Health, and the endowment provided by Mrs. Jenkins's generosity places the whole matter on a stable and, it is to be hoped, a permanent, basis.

As the department continues to grow, it will call for more instructors, and probably for other professorships, but even as it now stands, it has far outgrown the original plans.

FINANCIAL REPORT, HOSPITAL ECONOMICS COURSE

June 1, 1909 to May 12, 1910

CONTRIBUTIONS.

Balance in Bank (June 1, 1909)	\$735.51
St. Mary's Hospital, Brooklyn, Alumnae Association.....	60.00
Moses Taylor Hospital Alumnae Association.....	10.00
Superintendents' Society (for Scholarships).....	300.00
Interest on Investment.....	100.00
S. H. Cabaniss—for Virginia Nurses.....	7.50
Interest on Investment.....	125.00
Graduate Nurses' Association, Cleveland, Ohio.....	15.00
St. Luke's Hospital, New York, Alumnae Association....	50.00
Interest on Investment.....	100.00
Post Graduate Hospital, New York, Alumnae Association..	100.00
Iowa State Association of Registered Nurses.....	53.50
Georgia State Nurses Association.....	50.00
Interest on Investment.....	125.00
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\$1831.51	

DISBURSEMENTS.

Clerical Work	\$25.00
Expenses to Cleveland (Lecture)	13.40
Scholarship—I. Stewart	150.00
Scholarship—L. Powell	150.00
Teachers' College Salaries	200.00
Purchased Bond	1008.89
Teachers' College Salaries	200.00
Exchange on cheque .....	.10
Exchange on cheques .....	.23
Balance in Bank (May 12, 1910)	83.89
	<hr/>
	\$1831.51

SUMMARY.

Total receipts from all sources—October, 1907 to May, 1910	\$11784.30
For Endowment—Current Expenses—Interest on Investments	\$11784.30
Total disbursements, October, 1907 to May, 1910—	
Investments	\$9818.06
Expenses	1882.35
Balance in Bank	83.89
	<hr/>
	\$11784.30

NOTE.—This does not include the sum of \$328.28, which was turned over by the Tuberculosis Committee for a Tuberculosis Scholarship.

M. A. NUTTING,
Treasurer Hospital Economics Funds.

June 10, 1910.

Miss Anna L. Alline, Homeopathic Hospital, Buffalo, N. Y., having accepted the appointment of chairman and treasurer of the Finance Committee, all contributions, either to the Current Expense Fund or to the Endowment Fund, should be addressed directly to her.

ANNIE W. GOODRICH,
Chairman, Hospital Economics Committee.

CIVIL SERVICE EXAMINATION

THE UNITED STATES CIVIL SERVICE COMMISSION announces an examination for July 27, 1910, for the position of trained nurse in the Isthmian Canal, Philippines, and Indian services. Full information in regard to subjects of examination, places where it is to be held, requirements, salaries paid, etc., may be obtained from The United States Civil Service Commission, Washington, D. C.

ARMY NURSE CORPS

JANE A. DELANO, superintendent of nurses, left Washington on June 23 for an extended tour which will include a visit to the Philippines.

NAVY NURSE CORPS

THE NURSES' HOME OF THE NAVAL MEDICAL SCHOOL HOSPITAL will be ready for occupancy about October 1. It is a most commodious and handsome building, containing separate rooms for twenty-one nurses, a three-room suite and private bath for the chief nurse, two reception rooms, living-room, and dining-room on the first floor, with kitchen in the basement.

MASSACHUSETTS

Boston.—MARGARET MARY McCLOSKEY, class of 1909, Long Island Hospital, is now at the Woman's Hospital, New York City, where she is taking a six months' post-graduate course in surgery.

Westfield.—NOBLE HOSPITAL TRAINING SCHOOL held graduating exercises on June 3, graduating two nurses. Dr. G. H. Jones addressed the class.

Milford.—THE MILFORD HOSPITAL held graduating exercises for the classes of 1909 and 1910 at the Town Hall on May 31. There were nine graduates. The address was given by Maurice Richardson, M.D. The diplomas were presented by Governor Eben S. Draper. A public reception followed the exercises, and a private reception and dance were held later in the evening at Eagle's Hall.

RHODE ISLAND

Providence.—THE RHODE ISLAND HOSPITAL NURSES ALUMNÆ ASSOCIATION entertained the graduating class at the Crown Hotel on May 26. The attendance was larger than ever before, there being present ninety-three members and friends. Several of the older graduates came to the city for the occasion and telegrams and greetings came from many who were unable to attend. The place cards were small photographs of Lucy C. Ayers, the superintendent of nurses, who leaves the hospital this autumn, after ten years of untiring, faithful service. Miss Ayers takes with her the best wishes of the alumnae association, and the hope that she will enjoy a much needed rest. Emma L. Stowe, a former superintendent of nurses, was also present and was warmly received by the members. Rev. Samuel H. Webb addressed the graduating class, as did also Professor John E. Groff of the College of Pharmacy. After the dinner there was a reception, followed by a musicale.

THE BUTLER HOSPITAL TRAINING SCHOOL held its graduating exercises on May 24. The chief address was delivered by Dr. Edward Cowles; subject, "The Debt of the Hospital to the Nurse." Rev. Frank Appleton spoke on the subject of "The Nurse in the Regeneration of Society." The class of 1910 numbered fifteen.

CONNECTICUT

THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT held its seventh annual meeting at Wright Hall, Hartford, on May 4. The meeting was called to order by Martha J. Wilkinson, the president, at 3 P.M. after which the reports of the secretary and treasurer were read and accepted. The report of the chairman of the membership committee showed great activity on the part of this committee, a large number of new members having joined the association during the year. After the president's address the following officers

were elected for the coming year: president, Martha J. Wilkinson, Hartford; vice-presidents, Mrs. I. A. Wilcox, Pine Meadows, Miss E. A. Somers, Waterbury; secretary, Mrs. Winifred Ahn Hart, Bridgeport, P. O. Box 162; treasurer, Marcella T. Heavren, New Haven; chairmen of standing committees: ways and means, R. Inde Albaugh, Pleasant Valley; printing, Miss Fitzgerald, Hartford; membership, Miss A. H. McCormac; legislative, Mrs. Edith B. Lockwood, Granby. Following the introduction of the new officers to the members, the meeting was adjourned, and at 6 P.M. the annual dinner was held, twenty-seven members being present, every one voting the affair a great success.

WINIFRED AHN HART, Secretary.

Hartford.—ST. FRANCIS HOSPITAL, ALUMNÆ ASSOCIATION held its semi-annual meeting at the hospital on May 12, Miss N. A. Ryan, R.N., president, in the chair. Ten new members were elected to membership. Interesting papers were read; "Kindness" by Miss M. A. Ahern; "Surgical Experiences" by Miss M. G. Murphy; "Semi-Trained Nurse" by Miss S. A. McNabb. Miss R. I. Albaugh, R.N., gave a very interesting talk to the association, regarding the necessity of nurses carrying an insurance as a protection for the future.

The graduating class of 1910 was given a reception by the alumnae association. There were ten graduates.

New Haven.—THE CONNECTICUT TRAINING SCHOOL held graduating exercises for the class of 1910 on June 7, in the chapel. The addresses were given by Dr. Henry L. Swain, and Dr. C. R. Palmer. The diplomas were presented by Mrs. Charles B. Richards, president of the school committee. There were twenty-two graduates. A recitation and part of the music were furnished by members of the school. A reception followed in the evening.

NEW YORK

New York.—THE CO-OPERATIVE CLUB-HOUSE is to be under the management of a board consisting of thirty women—fifteen registered nurses and fifteen representative women from the National Y. W. C. A., who are broadly and earnestly in sympathy with all classes of women engaged in women's work and sufficiently interested in this organizing of a club house for nurses to offer to finance the project entirely for a period of two years.

It is intended that the New York County Society locate the central registry office in this club house, but the control of the registry shall be absolutely in the hands of the county society.

The following is the list of nurses on the co-operating committee for the central club house: Mrs. Hugh Auchincloss, Roosevelt Alumnae, Miss Bewley, Presbyterian Alumnae, Mrs. Fred J. Brockway, president Manhattan and Bronx Association, Miss Daniels, Manhattan and Bronx Association, Elizabeth Golding, New York Hospital Alumnae, Miss Kiel, St. Luke's Alumnae, Laura R. Logan, Mt. Sinai Alumnae, Frances Lurkins, Hahnemann Alumnae, Jane M. Pindell, chairman Central Registry Committee, Annie Rhodes, Bellevue Alumnae, Ada B. Stewart, chairman Executive Board New York County Association, Julia C. Stimson, New York Hospital Alumnae, Louise Swarthout, Manhattan and Bronx Association, Mrs. C. Victor Twiss, president of New York State Association, Agnes S. Ward, Metropolitan Hospital Alumnae.

THE NEW YORK COUNTY SOCIETY has recently elected Charlotte Ehrlicher as president, and E. E. Golding as vice-president. Pauline L. Dolliver, recent

superintendent of the Massachusetts General Hospital, has been chosen as registrar of the central registry, she will begin her duties on September 1. In the meantime, her assistant, Miss Pless, a graduate of the German Hospital, of this city, will be on duty to attend to mail, give information, etc.

MARY A. SAMUEL, R.N., superintendent of nurses at Roosevelt Hospital, has resigned her position, and leaves on July 1.

ANNA L. ALLINE, R.N., has been appointed superintendent of the Homœopathic Hospital, Buffalo, N. Y.

ADA B. STEWART, graduate of New York Hospital, has resigned her position as house-mother at Grace Church, and goes to live with a niece in Bath. She will be greatly missed in the *alumnæ* association. Margaret Ryerson has accepted the position of housekeeper at the New York Infirmary for Women and Children, and is the fifth New York Hospital graduate on the staff. Helen Maher and Miss Colchester, class of 1907, are now in Paris. The former is to have charge of a ward in the American Hospital; and the latter will again do private nursing there.

THE NEW YORK HOSPITAL ALUMNÆ ASSOCIATION has issued its annual report. The officers for 1910 are: honorary president, Irene H. Sutcliffe; president, Jessie H. McVean, R.N.; vice-president, Florence M. Johnson, R.N.; recording secretary, Ada B. Stewart, R.N.; corresponding secretary, Mrs. M. L. Rogers, R.N.; treasurer, Martha M. Russel, R.N.; Trustees, Mrs. C. V. Twiss, R.N., Miss M. H. Wilson, R.N., Miss E. Lindgren, R.N., Miss Amy Elliott, R.N., Mrs. E. J. Hosking, R.N. The Association has 362 members, 28 of whom have been admitted during the past year, 2 have resigned, 7 have been dropped for non-payment of dues, and 4 have died. There have been 12 marriages. There are 90 members of the Sick Fund. The club has 165 members. The association has held 9 regular meetings, with an average attendance of 25. The board of trustees has held 10 regular and 3 special meetings. The club registry has had 1,272 calls, of which number 719 were personal. The club house has never been in a more prosperous and satisfactory condition than now, under the management of Miss Dwight and Miss Wilson. There are no debts. The *Alumnæ News* has continued its course with steady improvement. It is hard to find words to tell how much it is valued by all the members.

Brooklyn.—THE KINGS COUNTY REGISTERED NURSES' ASSOCIATION closed the season with a social meeting on May 5. An interesting address was given by Miss E. B. Kurtz, superintendent of the German Hospital Training School, on the subject of "Woman's Unrest and Her Influence in the World To-day." The president of the society, Miss M. J. Parry, spoke of the merits and purposes of the society, urging more interest in the society and its membership. She said in part, "We were organized in 1903 to further the interests of the nursing profession in this county and support the state in helping to promote the organizing and the recognition of the hospital trained graduate nurse. It has become necessary to protect her, and to that end the present laws were passed. It would seem as though registration were ten years late, for others outside the profession had seen commercial value in the correspondence schools with their guaranteed diploma, after a six months' course, and we realize with consternation how they still flourish; but if we have been slow to accept our responsibility, let us now earnestly co-operate as *alumnæ* and as individuals in the county, in all that concerns our profession." Nearly all the *alumnæ*

societies were represented; and after the addresses, a very enjoyable hour was spent listening to music and in social converse.

Dansville.—THE ALUMNÆ ASSOCIATION OF THE JACKSON SANATORIUM TRAINING SCHOOL FOR NURSES decided to hold an anti-tuberculosis mass meeting at the Town Hall from a share of the proceeds of the sale of nearly ten thousand Red Cross stamps at holiday time. The village newspaper, schools, and local health officers cordially co-operated. Prizes were offered in both public and parochial schools for the best essays according to grade, *on the lecture*. Posters and pamphlets were sent for distribution by the Board of Charities and Health. The large number of children competing, ensured a lively campaign of education in the homes. On the evening of the lecture, the hall was crowded, all seats taken and the nurses' hearts swelled with pride when they heard the ushers say: "Standing room only." It was a decided success, a crowded house, good music, and an instructive lecture. Dr. James H. Jackson referred to the American wing of the Red Cross, which had its birthplace in Dansville and at the Hillside Home, through Miss Clara Barton, who, upon her return from the battlefields of the Franco-Prussian war, filled with the great work of the Red Cross, at once organized America's first Chapter. After listening to the various speakers, all felt a personal responsibility in this great campaign against tuberculosis and would sound the slogan: "No uncared-for tuberculosis in 1915."

Rochester.—THE ROCHESTER CITY HOSPITAL held graduating exercises on the evening of May 24, in the Nurses Home. There were twenty-six graduates. Addresses were given by Rev. William R. Taylor, D.D., and Dr. John F. W. Whitbeck. Diplomas were presented by Mrs. Arthur Robinson, president of the Board of Lady Managers.

MARIE T. PHELAN, graduate of the City Hospital, has joined the Visiting Nurse Association in Chicago.

PHOEBE WITMER has accepted a position in the Ottawa Hospital, Ottawa, Kansas.

THE ROCHESTER HOMŒOPATHIC HOSPITAL held graduating exercises at the East High School on June 2. There were fifteen graduates. The address was given by Rev. W. A. R. Goodwin, and the class was presented by Dr. E. J. Bissell. Diplomas were presented by Mrs. William Eastwood, president of the Training School Board. A reception and dance followed in the administration parlors of the hospital.

THE STATE HOSPITAL held graduating exercises on the evening of June 15, when ten young women and three young men were awarded diplomas. Rev. Edwin A. Rumball gave the address, Dr. E. H. Howard presented the diplomas.

NEW JERSEY

THE COUNTY CHAIRMEN OF THE STATE ASSOCIATION held their fourth meeting at Monmouth Memorial Hospital, Long Branch, on May 16. The address of welcome was made by Miss Collins, president of the Alumnae Association, at whose invitation the meeting was held in Long Branch. Miss Frances Dennis, state chairman, presided, and several papers were read and discussed. It is the plan of the committee to hold meetings throughout the state at two month intervals to promote and stimulate interest in nursing affairs and to secure the co-operation of nurses who are too far from central meeting places

to attend the meetings of the state association. About thirty nurses were present and considerable interest was shown.

Paterson.—ST. JOSEPH'S HOSPITAL TRAINING SCHOOL held its annual meeting in the hospital on June 3, at which time the following officers were re-elected: president, Isabel MacDonald; vice-presidents, Mrs. Stuhl, K. Pinsonnault; secretary and treasurer, Miss M. A. Dwyer, 394 Gotona Avenue; chairman of board of trustees, Mrs. H. F. Reid. Four new members were accepted. A social time followed the meeting.

Orange.—THE ORANGE MEMORIAL HOSPITAL held graduating exercises in the parlors of the training school on May 24. There were nine graduates. An excellent address was made by Dr. John Hammond Bradshaw. Dancing, music, and refreshments followed. A change has taken place in the personnel of the hospital owing to the resignation of Miss L. B. Illick. Grace Stamp, a graduate of Mt. Sinai Hospital, New York, becomes superintendent of the hospital, having served in a like position at the City Hospital, Wilmington, North Carolina. Anne MacEdwards, also a graduate of Mt. Sinai Hospital, takes the place of superintendent of nurses. Rose E. Wells, a graduate of the Orange Training School becomes night superintendent, having had considerable experience in such work, both in Newark and New York. Alice M. Bingham has been appointed head nurse in the operating room.

THE ALUMNÆ ASSOCIATION OF THE ORANGE SCHOOL FOR NURSES held a meeting on May 14 at the usual hour, at the home of Miss Day, a few days earlier than usual, as the meeting otherwise would have coincided with the opening meeting of the Associated Alumnæ. The questions to be considered there were discussed and voted upon. Delegates chosen were Bertha Gardner and Jane Creveling. Following the business meeting, the association had the privilege of hearing Dr. Stella S. Bradford, of Montclair, speak on "Nursing of Chronic Diseases." A very pleasant social hour followed. A vote of thanks to Dr. Bradford and likewise to Miss Day for her gracious hospitality closed the meeting.

Plainfield.—THE MUHLENBERG HOSPITAL has lately benefitted under the will of Mrs. M. E. Edgerton, \$25,000 having been left to found a maternity ward, to be known as the Closson-Edgerton Ward, and \$25,000 is added to maintain it. The Anti-Tuberculosis League also receives \$5,000 from the same source.

PENNSYLVANIA

THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR THE REGISTRATION OF NURSES has granted registration to 345 additional nurses. The list appended illustrates the very general interest which is taken in this movement. Allentown, 5; Danville, 5; Erie, 12; Harrisburg, 8; Johnstown, 8; Meadville, 7; Philadelphia, 120; Pittsburg, 39; Scranton, 15; Uniontown, 5; Wilkesburg, 8; Wilkesbarre, 9; outside of Pennsylvania, 22.

Philadelphia.—THE NURSES' ALUMNÆ ASSOCIATION of the Hospital of the University of Pennsylvania at its May meeting received a motion to set aside a sum of money and appoint a committee to take up the question of providing means whereby families in moderate circumstances can receive the services of a graduate nurse and at the same time the nurse be paid her regular fee. It is the intention to call a meeting of nurses in the city and make plans for starting a fund for this purpose.

THE ANNUAL MEETING of the Association was held in the Nurses' Home on June 6. After the regular business, a reunion of the graduates was held in the grounds which were decorated with Japanese lanterns. There were about 100 present. A member of each class that had graduated read a paper telling what had become of each member, as far as could be learned. Miss Smith, the present superintendent, and Miss Giles, gave short addresses. Juliana Wood told of the starting of the training school. Regrets were read from a number who could not be present. Refreshments were served.

ST. AGNES' HOSPITAL TRAINING SCHOOL FOR NURSES held graduating exercises in the Study Hall of the Institution, May 12. There were six nurses who received diplomas. Dr. B. F. Stahl conferred the diplomas and Sister M. Borromeo, Superioress of the Hospital, presented the medals. Drs. Leon Brinkmann and D. J. McCarthy delivered addresses to the class.

Scranton.—THE MOSES TAYLOR HOSPITAL TRAINING SCHOOL FOR NURSES held its commencement exercises on the evening of May 5. The address was given by Mr. George A. Cullen of New York. There were nine graduates. Following the exercises, a reception and dance were given at the nurses' home.

THE MOSES TAYLOR HOSPITAL ALUMNÆ ASSOCIATION held its sixth annual meeting at the nurses' home on the afternoon of May 6. The following officers were elected for the ensuing year: president, Agnes Farrell; vice-president, Nettie M. Evans; secretary and treasurer, Amanda M. Davis.

Harrisburg.—THE HARRISBURG HOSPITAL TRAINING SCHOOL FOR NURSES held its fifth commencement exercises on May 26 in Memorial Hall of the hospital. Clara M. Swank, the superintendent, gave a very encouraging report of the school. The address to the class was delivered by Rev. John Mills Gilbert. The diplomas were presented by Professor W. S. Steele, principal of the Harrisburg High School, and the school badges were presented by Rev. F. W. Coover, dean of the staff of physicians and surgeons of the hospital. There were eight graduates. Following the exercises a reception was given by Mrs. Henry McCormick of the Ladies' Aid of the hospital.

THE NURSES' ALUMNÆ ASSOCIATION OF THE HARRISBURG HOSPITAL held its second annual meeting on May 26 at the hospital. Officers were elected as follows: president, Almeda Morrison; vice-presidents, M. May Stoner, Josie Lewis; secretary, Frankford Lewis; treasurer, Jessie McClure. The members of this year's class were elected to membership.

Wilkesbarre.—MERCY HOSPITAL TRAINING SCHOOL held its tenth annual commencement at St. Mary's High School on May 24. The address was given by Hon. George S. Ferris. Class pins were presented by Florence McHale, president of the nurses' alumnae association. Dr. F. P. Lenahan awarded the following prizes: highest average, Anna Pearl Smith; best work in bandaging, Mildred E. Bakaitis; first, and honorable mention, Mary F. Desmond. The diplomas were conferred by Mr. E. W. Mulligan. There were fifteen graduates, their motto was, "Wisdom, Charity, Prudence."

DISTRICT OF COLUMBIA

Washington.—GARFIELD HOSPITAL opened the Frances Oliver Johnson Memorial Building on May 26, which was presented by Dr. Loren T. Johnson in memory of his wife. It will accommodate sixty children and cost between forty and fifty thousand dollars.

THE EPISCOPAL EYE, EAR AND THROAT HOSPITAL will be closed during July and August for repairs and improvements in the old building while hurrying on the completion of the new wing.

REBA TAYLOR, a graduate of the Homœopathic Hospital Training School, has accepted the position of superintendent of the Children's Country Home for the summer.

MARYLAND

Baltimore.—THE MERCY HOSPITAL TRAINING SCHOOL FOR NURSES held graduating exercises at Loyola College Hall, on the evening of May 24. There were eight graduates. A reception and dance followed the exercises.

THE ALUMNÆ REUNION OF THE TRAINING SCHOOL took place the following day, May 25. Ada M. Carr, of the Johns Hopkins, delivered a very interesting address on Florence Nightingale. Rev. Matthew J. Fortier, S. J., who was also invited, encouraged the new graduates by picturing in vivid colors the undaunted heroism exhibited by Miss Nightingale and her co-laborers, many of the members of the Order of Mercy.

THE BIEDLER AND SELLMAN HOSPITAL held graduating exercises in the hospital on May 26. There were four graduates. Hon. J. Barry Mahool, mayor of the city, presented the diplomas, pins, and medals. The latter were awarded to Gertrude Tafel of the first year class, and to M. Gregg of the second year class, for good work and efficiency in their studies. The oration to the graduates was delivered by Rev. Charles Fiske.

Mt. Washington.—SISTER M. ANASTASIA QUINN, of the Order of Mercy, has been recently presented a pin by the Grand Army of the Republic, in recognition of services cheerfully rendered in the Douglas Hospital, Washington, D. C., during the Civil War. Commander-in-Chief John B. King, in his address on the occasion of the presentation, feelingly alluded to the great appreciation in which the survivors still hold the memory of those who ministered to them in their hours of distress.

VIRGINIA

Richmond.—THE MEMORIAL HOSPITAL graduating exercises began on Sunday, May 22, when Rev. S. C. Hatcher delivered the baccalaureate sermon. On Monday, May 23, practical demonstrations were given by the class, the amphitheatre being filled to its utmost capacity. On May 26, the commencement exercises, proper, took place in the John Marshall High School. There were ten graduates. The address was given by Hon. J. Alston Cabell. Dr. Daniel J. Coleman presented the diplomas and pins. The following day a dinner was given by Dr. Lewis C. Bosher, president of the hospital, at the Jefferson Hotel, to which the entire alumnae association was invited.

GEORGIA

THE GEORGIA STATE ASSOCIATION OF GRADUATE NURSES held its fourth annual meeting at the Women's Club Rooms, Atlanta, May 6 and 7. The president, Mrs. Hartridge, in her annual address urged the need of co-operation in Red Cross work, in the campaign for moral prophylaxis, and in anti-tuberculosis work. She suggested raising money for the care of nurses who had contracted tuberculosis. Interesting reports were given of the almshouse

work in the state and of work among the mountaineers. Papers were read by Dr. Westmoreland, Miss Lowe, and Miss Candlish. The Atlanta nurses entertained their guests by a theatre party, and two luncheons. The next meeting will be held in Macon in April, 1911. The officers elected were: president, Mrs. E. S. Tupman, Atlanta; vice-presidents, Mrs. Theodosia Wardell, Atlanta, Miss J. N. Candlish, Atlanta; recording secretary, Ada Finley, Atlanta; corresponding secretary, Anna Brondage, Atlanta; treasurer, Frances Patton, Atlanta.

OHIO

Cleveland.—THE LAKESIDE HOSPITAL SCHOOL FOR NURSES held graduating exercises in the lecture room of the new nurses' home on May 27. Thirty-one young women received diplomas. Dr. Charles S. Scudder, of the Massachusetts General Hospital, addressed the class. A dancing party was given in the home to the graduating class the same evening, and on the following evening the graduates were entertained by the members of the alumnae association at a banquet. Nearly one hundred members were present.

THE ALUMNÆ ASSOCIATION OF THE LAKESIDE HOSPITAL, SCHOOL FOR NURSES, held its annual meeting in the nurses' home on June 6. The following officers were elected: president, Grace Noble; vice-president, Mrs. O. M. Shirey; secretary, Ida M. Weis; treasurer, Mrs. Clara R. Dice.

WISCONSIN

THE WISCONSIN ASSOCIATION OF GRADUATE NURSES, held, on the 31st of May, at Hotel Pfister, Milwaukee, a meeting which was called to order by the president. As only twenty-five members were present there was no quorum, and business was postponed. Helen W. Kelly, delegate to the Associated Alumnae read a report of the sessions which was very interesting. Three papers were read on tuberculosis, pertaining to the care of such patients in private and public institutions, as follows: State Sanitarium, Wales, Wisconsin, by L. L. Dietrichson Madison; Tubercular Annex, Milwaukee County Hospital, Wauwatosa, by Miss M. J. Kinney, Milwaukee; River Pines Sanatorium, private, Stevens Point, by Miss H. Gonderson. All of these papers were intensely interesting. It is earnestly hoped that these papers and the discussions which followed will prove instrumental in overcoming some of the fear and disinclination hitherto felt by nurses throughout the state in the care of tubercular patients. Meeting adjourned.

REGINE WHITE, Secretary.

THE DIRECTORS OF THE WISCONSIN ASSOCIATION OF GRADUATE NURSES held a meeting after the adjournment of the general meeting with the following members present: H. W. Kelly, presiding, Susie Rowan, Maud G. Thompkins, Mina Newhouse, N. Elizabeth Casey, Regine White, Mabel C. Bradshaw, Anna C. Maloney. The following applicants were voted to membership: Margaret J. Weber, Milwaukee; Mary A. McGivern, Fond du Lac; Mary C. Gorman, Wausau; L. Grace Holmes, Wales. On motion, meeting adjourned.

REGINE WHITE, Secretary.

Milwaukee.—TRINITY HOSPITAL graduated a class of twenty nurses, May 23, who had been under the instruction of Miss N. E. Casey. Exercises were held at the Davidson Theatre in connection with the graduating class of Marquette University. Rev. Father J. A. McCabe delivered the invocation. Dr. W. B. Hill presented diplomas. Dr. W. F. C. Witté presented medals.

LAKE SIDE HOSPITAL.—Elysian Thomas graduated a class of eleven nurses, June 7, at Emmanuel Church. Rev. E. A. Cutler addressed the class. Dr. A. J. Puls presented diplomas.

MINNESOTA

Minneapolis.—THE ST. BARNABAS HOSPITAL ALUMNÆ ASSOCIATION held its annual meeting on June 7, when the following officers were elected: president, Minnie Patterson; vice-presidents, Kate Reid, Mrs. T. H. Weld; secretary, Mrs. C. C. Pratt. It was decided by a unanimous vote that the superintendent of St. Barnabas Hospital, Harriet S. Hartry, be made an honorary member of the association for life. The annual banquet of the association was held on June 11 at the Donaldson Tea Rooms, when the following programme was presented: Welcome to the class, Miss Patterson; response, Mabel Watson; "Greetings from Montana," Nellie O. Barsness; "The Matrimonial Side of the Profession," Mrs. Simmons.

ST. BARNABAS HOSPITAL celebrated St. Barnabas Day, June 11, by the laying of the cornerstone of the new pavilion, which will extend the present main building from Sixth to Seventh Street and will increase the capacity of the building to one hundred and fifty beds.

THE UNIVERSITY HOSPITAL TRAINING SCHOOL has as its new superintendent, Louise Powell, a graduate of St. Luke's Hospital Training School, Richmond, Va. Miss Powell has just completed a two years' course in the Hospital Economics Department of Teachers' College, New York.

ILLINOIS

THE ILLINOIS STATE BOARD OF EXAMINERS OF REGISTERED NURSES, will hold the fourth examination in Chicago, July 22, 1910, at 9.30 A.M. All applications must be filed with the secretary of The Illinois State Board of Examiners of Registered Nurses, 79 Dearborn St., Chicago, on or before July 1, 1910.

ANNA HANRAHAN, R.N., Secretary.

THE ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES held its regular quarterly meeting in the Young Woman's Christian Association rooms, Rockford, on May 11.

The following resolutions were unanimously adopted:

Resolved: That the Illinois State Association of Graduate Nurses places on its records the sense of loss and sorrow felt by the members of the Association by the death of Isabel Hampton Robb.

That it records itself as fully appreciative of the great influence for betterment in the nursing profession which Mrs. Robb has exerted.

That it holds in highest honor and esteem and pride the memory of the woman who "belongs not only to America, but to the nursing world at large, which will always feel the uplifting influence of her life, revere her teaching, and keep her memory fragrant."

That it sends to her husband and sons a copy of the above resolutions with the utmost sympathy to them for their exceeding great and sudden loss.

Signed by the Committee on Resolutions,

ADDA ELDREDGE,

BENA HENDERSON,

M. HELENA McMILLAN, Chairman.

The following papers were given which were enjoyed by all: "Social Service Work in Connection with The Children's Memorial Hospital," Miss Kreer; "Problems of a Private Duty Nurse," Miss Curry; "Why We Need Tubercular Nurses," Edna L. Foley; "Connecting Links," Isabel McIsaac.

MARGARET P. LITTLE, R.N., Secretary.

Chicago.—THE ILLINOIS TRAINING SCHOOL FOR NURSES held graduating exercises in the amphitheatre of the Cook County Hospital on May 31. Addresses were given by Mrs. Bradford Hancock, Mr. William Hartray, Miss Sophonisba Breckenridge, and Dr. Henry Sherry of Pasadena. The diplomas were presented by Dr. Julia Holmes Smith. The twenty-two graduates sang the school hymn, "Arm These Thy Soldiers, Mighty Lord," and the closing remarks and benediction were given by Rev. Thomas T. Cox. An informal reception followed at the nurses' home. The scholarships and prizes were awarded as follows: First year scholarships, Pansy Smithson, Leona Horn; second year scholarships, Nettie Fitch, Mrs. Lena Miller; third year, Augusta Hinze, Harriet Heibner; Koch-DeLee prizes for the six best essays on a topic in obstetrics,—Misses Koppel, Hoffman, Burgess, Koch, Havey, Hinze.

LAURA WILHELMSON will take up social work in connection with the Girls' Industrial School at Park Ridge. Edith Muhs has resigned her position as superintendent of nurses at Hahnemann Hospital.

MERCY HOSPITAL SCHOOL FOR NURSES AND WESLEY HOSPITAL TRAINING SCHOOL are both parts of the medical department of Northwestern University, and the members of the graduating classes received their diplomas with the graduates from other departments in the University Gymnasium at Evanston on June 8. The commencement speakers were Glenn Newton Merry, Ira Edward Westbrook, Blaine Kirkpatrick, and Harry McClure Johnson.

MERCY HOSPITAL ALUMNÆ ASSOCIATION has elected the following officers for 1910-11: president, Sister Mary Anthony, R.N.; vice-presidents, Mary T. Carey, R.N., Mrs. Harry Fulford, R.N.; recording secretary, Catherine Ward, R.N.; corresponding secretary, Leona Moore, R.N.; treasurer, Sister Mary Leonarda, R.N.

TERESA FOLK, class of 1910, the Mercy Hospital, has been appointed superintendent of the Arkansas City Hospital, Arkansas City, Kansas. Anna Cleary has accepted the position of assistant anæsthetist. Maud McGinnis, Jessica Bishop and Catherine Garside are doing private duty work in Spokane, Wash. Evelyn Armstrong, class of 1910, has gone to Europe to remain a year. Winifred McHugh, class of 1907, has accepted the position of superintendent of nurses in St. Joseph's Hospital, Devil's Lake, North Dakota.

THE HAHNEMANN HOSPITAL TRAINING SCHOOL held graduating exercises on May 5 for a class of fifteen. A reception followed in the nurses' home. On May 6, a banquet was held in honor of the class at the LaSalle Hotel, forty being present. Cora Overholt, R.N., is again principal of the training school; Nellie M. Christy, assistant; and Alice Tapping, night supervisor.

THE HAHNEMANN HOSPITAL ALUMNÆ ASSOCIATION has made a very satisfactory beginning on a library for the nurses. Thanks are due many doctors for donations of both money and books. Mrs. Shears sent twenty-two volumes from Dr. Shears' library. Many of the graduates of the school are removing to the west. Mary Campbell, 1903, and Catherine Campbell, are at Great Falls, Montana; Bernice Juday, 1907, at Jerome, Idaho; Mary Woods, 1907,

South Dakota; Emily McCleary has returned to Los Angeles, where Edith Tondro, 1906, will also reside. Amelia Munner, who recently resigned as chief nurse at the Home for the Friendless, is engaged in private duty at Cheyenne, Wyoming. Nellie Knapp, 1898, after years of service as chief nurse at the Watertown State Hospital, has accepted a similar position at Stockton, California. Clare Baker, 1906, has charge at Watertown, with Minnie Resor, 1906, as night supervisor. Fanny Kuhlig and Winifred Bray, 1908, have hospital positions in New York City. Miss E. A. Welch, 1903, is doing private work at Bandette, Minnesota.

AUGUSTANA HOSPITAL held graduating exercises for a class of twelve nurses on May 26 at the Ebenezer Lutheran Church.

Peoria.—THE JOHN C. PROCTOR HOSPITAL TRAINING SCHOOL FOR NURSES held graduating exercises on the evening of May 27 at the First Congregational Church. The address was given by Rev. W. H. Geistweit. Dr. R. A. Kerr presented the diplomas. An informal reception followed. There were ten graduates.

Quincy.—MARY C. WHEELER has resigned her position as superintendent of Blessing Hospital, a position she has held for several years, and will rest before entering nursing work again.

INDIANA

THE MARION COUNTY NURSES' ASSOCIATION held its annual picnic at Riverside Park on June 11, having a most enjoyable time.

KANSAS

Wichita.—WICHITA HOSPITAL TRAINING SCHOOL held its eleventh annual commencement exercises on the evening of May 6, at the Trinity Methodist Episcopal Church, West Wichita. There were nine graduates. After the exercises, a reception was given at the hospital for the graduates and their friends.

THE GRADUATE NURSES' ASSOCIATION of Wichita was organized, on May 26, by graduate nurses of the city who met at Wichita Hospital for the purpose. The object of the association will be to help procure state registration for nurses, to elevate and maintain the standard of nursing, to promote good fellowship among the nurses, and to extend aid and sympathy to those in trouble. The association will meet on the second Tuesday of each month. The officers are: president, Mrs. Alma O'Keefe; vice-presidents, Margaret Davidson, Nellie Pyle; secretary, Josephine Winters; treasurer, Amy Smith.

NEBRASKA

Lincoln.—ANNA E. HARDWICK, R.N., superintendent of nurses of the Orthopædic Hospital, having resigned her position to be married, is succeeded by Miss Bixby who has been her assistant. The marriage announcement will be found in another column, there accompanied it the following heart-felt and unusual tribute from the Nebraska nurses.

"Miss Hardwick is a graduate of the New York City Hospital and has been, for the past five years, superintendent of the Nebraska Orthopædic Hos-

pital and Training School in this city. Having held this position during and since the organization of the school, and having successfully solved the many difficult problems confronting the organizer of a state institution, she has endeared herself not only to the three hundred and fifty crippled children whom she has mothered, to the nurses who so loyally responded to her excellent training and discipline, to the medical staff whom she served, but to the entire community whose members came to look upon her as a philanthropist. Many who have watched her giving freely of her love to the children have felt the radiation of human kindness and have had a wider view of the inspiration afforded by one who makes work a joy. Miss Hardwick has been the leader in work for state registration, the secretary of the Nurses' Examining Board, and an active and helpful member of the State Association. In recognition of her untiring zeal and her efforts to raise the standards of nursing throughout the state, the State Association has made her a life member."

MISSOURI

THE MISSOURI STATE BOARD FOR REGISTRATION OF NURSES met at St. Louis on June 29.

St. Louis.—THE WASHINGTON UNIVERSITY HOSPITAL held its annual commencement on June 2, in the Parish House of the Church of the Holy Communion. The address was given by Dr. Meyer Wiener. Chancellor David Franklin Houston presented the diplomas; and Dean William H. Warren, the badges. There were six graduates. A reception followed at the nurses' home.

JOSEPHINE HOSPITAL presented diplomas to its first class of nurses on the evening of May 23 at the residence of Dr. F. J. Lutz. Dr. Lutz addressed the nurses, three of whom graduated, and a reception followed.

Kansas City.—THE KANSAS CITY GRADUATE NURSES' ASSOCIATION held its regular meeting in the Y. M. C. A. Building on June 1. After the transaction of routine business it was voted to suspend meetings during July and August. On June 2, the Association entertained the graduating classes of 1910 at a picnic in Swope Park. Between fifty and sixty of the recent graduates were guests. The day was an ideal one, and at five o'clock 150 nurses, members and guests, sat down to supper together. This is the fourth year that the association has entertained the graduates and it has been found an excellent means of establishing a feeling of good fellowship between the old and young graduates and of securing the interest of the young nurse in the work of both the local and state associations.

Hannibal.—LEVERING HOSPITAL has completed six years of work. It accepts all cases except contagious and violent ones, is pleasantly located, and maintains a training school for nurses, giving a two years' course. Maude Landis is the superintendent.

COLORADO

Pueblo.—THE MINNEQUA HOSPITAL TRAINING SCHOOL held commencement exercises on the afternoon of May 24, at Casa Vivienda Minnequa Hospital. The address was given by Rev. Allen A. Tanner. Dr. R. W. Corwin presented the diplomas and badges. A dance followed in the evening. There were nine graduates.

TEXAS

THE GRADUATE NURSES' ASSOCIATION OF TEXAS held its fourth annual meeting in Eaton Chapel, Galveston, on May 4 and 5. Addresses were made by the Mayor of Galveston, Judge Lewis Fisher, and by Dr. William Keilly. The following papers were read: "Special Nurses in the Hospital," Miss M. M. Taylor, R.N., San Antonio; "The Benefits of Registration," Miss M. Moore, Rhetta Johnson, Jennie Perkins, Houston; "What Registration is Doing for the State of Texas," May Smith, Dallas; "The Non-Graduate Nurse," Miss Van Hise, Ft. Worth; "A Nurse's Duty to Her Association Without Partiality," Miss A. Z. Walker, R.N., El Paso; "What the Graduate Nurse Has Done for Texas," Miss M. Rutledge, R.N., Dallas; "Public Hygiene," Grace Engblad, R.N., Galveston; "The Value to Nurses of Practical Demonstrations During Training," Edna Pferfer, R.N., Galveston.

A committee composed of Maud Müller, San Antonio, Miss Wilson, Houston, Miss Clay, Galveston, Mrs. Beatty, Fort Worth, and Miss Marr, Dallas, was appointed to draw up an amendment to the bill for registration and present it to the next legislature. Miss C. L. Shackford, superintendent of the John Sealy Hospital, Galveston, was appointed delegate to the Associated Alumnae.

One afternoon was occupied with a boat ride and supper, and another by a reception given by the Ladies' Advisory Board of John Sealy Hospital. The following officers were elected: president, Rhetta Johnston, Houston; vice-presidents, Miss Clay, Galveston, Miss Watson, Fort Worth, Miss Carlton, Temple; secretary-treasurer, A. Louise Dietrich, El Paso; members of the council, Misses Johnston, Clay, Dietrich, Müller, and Moore. El Paso was chosen as the next meeting place, the date to be decided upon later.

A. LOUISE DIETRICH, R.N., Secretary-treasurer.

El Paso.—THE GRADUATE NURSES' ASSOCIATION OF EL PASO COUNTY held its annual meeting on May 10. A paper on "A Nurse's Ideal," was read and discussed. The following officers were elected: president, A. Louise Dietrich, R.N.; vice-president, Minnie Kerskie; secretary, Margaret Rolston; treasurer, Lelia McPherson.

ST. MARK'S HOSPITAL has been opened to the public as a general hospital for women and children. Ellen Louise Brient, R.N., of San Antonio, has accepted a position in St. Mark's Hospital.

WASHINGTON

Seattle.—THE KING COUNTY ASSOCIATION OF GRADUATE NURSES held its regular meeting at the Assembly Hall, Henry Building, on June 6, with 40 members and two visitors present. The meeting was called to order by the vice-president, Mrs. Farrall, at 3.15 p.m.

Minutes on the previous meeting read and approved. Report of the Executive Committee for months of April and May, and the report of the Registry for month of May read and ordered placed on file. A verbal report of the Seattle Federation of Women's Clubs was given by Mrs. Hickey. Report of the Committee on Constitution and By-Laws, read by the chairman, Miss M. Durkin, was generally discussed, and in accordance with the present by-laws, was laid on the table for one month and will be taken up for final consideration at the regular meeting in July. Seven delegates, with alternates, to the Seattle

Federation of Women's Clubs were appointed for the coming year. Mr. E. M. Kennard, with the Metropolitan Building Co., extended an invitation to the members to a tea to be held in the Cobb Building, June 22, from 3 to 6 P.M., and also to make a tour of the Building under his personal supervision, immediately upon adjournment. A standing vote of thanks was extended to Mr. Kennard for his kindness, and also to Mr. H. Harrington for the floral decorations. After adjournment, the members, guided by Mr. Kennard, made a tour of inspection of the Cobb Building, which has recently been completed for the exclusive use of the medical and dental professions.

Tacoma.—PIERCE COUNTY GRADUATE NURSE ASSOCIATION held the regular monthly meeting on June 6, in the Nurses' Home of the F. C. Paddock Hospital. There were twelve members present. Minutes of last meeting read and after slight correction, approved. The treasurer's report was read, and also the report from the standing committee. It was decided to hold a picnic in Pt. Defiance Park in July, in place of the regular monthly meeting, having as guests on that day, the graduating classes from the F. C. Paddock and St. Joseph's Hospitals. The committee on arrangements as follows: Misses Mulroy, Goff, Weller, Juergens, and Brown. An instructive talk on the venereal diseases, was given by Dr. Drake, one of the city's talented woman physicians. One application for membership was received. Miss Burke was appointed to take the place of Miss Shields (resigned), on the Board of Censors. The question should nurses charge the usual rates when nursing in the family of a physician? was answered as follows: the majority thought best to make no reduction, unless the doctor happened to be the one employed by the nurse when she was ill. After adjournment refreshments were served by Miss Weller of the Northern Pacific Hospital.

CALIFORNIA

Oakland.—GENEVIEVE COOKE has returned from a prolonged absence in the east quite restored in health.

CANADA

Toronto.—CANADA is taking steps toward forming an army nursing reserve. This work is being promoted by Earl Gray, who had expected to be present to inaugurate it, but was prevented from coming to Canada by the death of King Edward. A committee has been formed to establish the service, Miss Snively being a member, and five of the graduates of the Toronto General Hospital are now under canvas at Fort Niagara.

LINA L. ROGERS, R.N., a graduate of the Hospital for Sick Children, has been chosen to take charge of the system of school nursing which is to be started in this city in the fall. Miss Rogers was for seven years in charge of the system of school nursing in New York City, and has recently established the work in Pueblo, Colorado. She is considered an authority on the subject, and Mr. J. Ross Robertson felt so strongly the importance of having her at the head of the work in Toronto that he has offered to assume the support of Miss Rogers and one assistant for a year, if the funds appropriated are not sufficient.

MARY A. SNIVELY, who resigned her position at the Toronto General Hospital some months ago, has stayed at her post for some time, at the request of the Board, to facilitate the readjustment. She is leaving on July 1 for the Canadian northwest and will be the guest of two of her nurses.

BIRTHS

A DAUGHTER to Mr. and Mrs. Christ Dixon. Mrs. Dixon was Jemima Hull, class of 1905, Indianapolis City Hospital Training School.

ON May 31, at Cleveland, a son to Dr. and Mrs. John Brett. Mrs. Brett was Jeanette Baker, class 1905, Lakeside Hospital Training School.

AT Maryville, Mo., a daughter to Dr. and Mrs. C. V. Martin. Mrs. Martin was Margaret Forrest, class of 1902, Hahnemann Hospital, Chicago.

AT La Grange, Ill., a daughter to Mr. and Mrs. Christerpher. Mrs. Christerpher was Daisy Racine, graduate of Hahnemann Hospital, Chicago.

AT Quinton, Indian Territory, a son to Mr. and Mrs. G. A. Curry. Mrs. Curry was Lulu Rayner, class of 1904, Hahnemann Hospital, Chicago.

ON April 12, at Calgary, Alberta, a son to Mr. and Mrs. Tom Martin. Mrs. Martin was Miss Weatherhead, class of 1906, New York Hospital.

ON May 4, at Cleveland, Ohio, a daughter to Mr. and Mrs. George Bouscay. Mrs. Bouscay was Anna Schoner, class 1901, Lakeside Hospital Training School.

ON May 19, at Dayton, Ohio, a daughter to Dr. and Mrs. P. K. Kilbourne. Mrs. Kilbourne was Ethel Crouse, class of 1907, Lakeside Hospital Training School.

MARRIAGES

ON June 6, in Indianapolis, Ind., Cora Williams, class of 1901, Indianapolis City Hospital, to David Sherrick.

JEAN ALDIS, class of 1906, Illinois Training School, to William Pattison, Rose Lawn Dairy Farm, Winamac, Indiana.

KATHERINE DAVIS, graduate of the Illinois Training School, to Chester Moe, M.D. Dr. and Mrs. Moe will live in Chicago.

AT Chicago, Caroline Shaw, graduate of Mercy Hospital, Chicago, to Charles Johnson, M.D. Dr. and Mrs. Johnson will live in Chicago.

MRS. EVA BURNS, class of 1907, Hahnemann Hospital, Chicago, to Mr. Goodwin. Mr. and Mrs. Goodwin will live in Gary, Indiana.

MRS. HATTIE DAVIS, class of 1907, Hahnemann Hospital, Chicago, to Harry Wright, M.D. Dr. and Mrs. Wright will live in DeKalb, Ill.

ANNA NOPHSKER, class of 1907, Methodist Episcopal Hospital, Philadelphia, to Harry Kurtz. Mr. and Mrs. Kurtz will live in Huntington.

AT Dubuque, Iowa, Ruby Neary, class of 1909, Mercy Hospital, Chicago, to Marshall Waller. Mr. and Mrs. Waller will live at Charles City, Iowa.

ON May 12, Mary E. Luony, class of 1908, University of Michigan Hospital, to W. C. Bennett. Mr. and Mrs. Bennett will live in Fraser, Colorado.

ON June 1, Alta Briggs, graduate of Green Gables Sanitarium, Lincoln, Nebraska, to Harry Brown, M.D. Dr. and Mrs. Brown will live in Daykin, Nebraska.

FANNIE J. ADAMS, class of 1895, Methodist Episcopal Hospital, Philadelphia, to Mr. Woods. Mr. and Mrs. Woods will live at 7127 Greenway Avenue, Philadelphia.

ON March 11, Edna Mann, class of 1906, Pennsylvania Hospital, to George Jenkins. Mr. and Mrs. Jenkins will live at 64 North Dewey Street, West Philadelphia, Pa.

ON June 2, Bertha Seibert, class of 1904, Illinois Training School, to Frank Webster Perry. Mr. and Mrs. Perry will live at 503 Marion Street, Elkhart, Indiana.

ON April 25, at Daytona, Florida, Winifred Trafton, class of 1902, Lakeside Hospital Training School, to Henry B. Sperry. Mr. and Mrs. Sperry will live in Talmage, Ohio.

ELIZABETH HUFMAN, class of 1900, Methodist Episcopal Hospital, Philadelphia, to Mr. Bernard. Mr. and Mrs. Bernard will live at 1414 Market Street, Ashland, Pa.

ON June 2, Gertrude M. Cross, class of 1904, Illinois Training School, to W. Thomas Trewyn, M.D. Dr. and Mrs. Trewyn will live at 2521 South Adams Street, Peoria, Ill.

ON June 1, at Wichita, Kansas, Dixie Ann Cogdell, class of 1909, Mercy Hospital, Chicago, to Lester Ashman Hutchins. Mr. and Mrs. Hutchins will live in Englewood, California.

LOLLA DEAKYNE, class of 1900, Methodist Episcopal Hospital, Philadelphia, to Odin R. Edwards. Mr. and Mrs. Edwards will live at 6113 Morris Street, Germantown, Philadelphia, Pa.

ON March 28, in Piqua, O., Rose L'Amoureux, class of 1903, St. Vincent's Hospital, Indianapolis, to William Esarey. Mr. and Mrs. Esarey will live at 2314 College Avenue, Indianapolis.

ON April 25, at Omaha, Nebraska, Burnadetta O'Donnel, class of 1903, Lakeside Hospital Training School, to Charles E. Cuykendall. Mr. and Mrs. Cuykendall will live in Fremont, Nebraska.

ON June 7, at Ottawa, Canada, Frances Mildred Shore, R.N., class of 1905, Post Graduate Hospital, New York, to Harold Scott Loughran. Mr. and Mrs. Loughran will live in New Rochelle, N. Y.

ON April 6, at Toledo, Ohio, in the Church of the Immaculate Conception, Mary Stack, class of 1906, St. Vincent's Hospital Training School, to Henry C. Dailey. Mr. and Mrs. Dailey will live in Chicago.

ON June 15, at Mercersburg, Pa., Kathreen Irvine, class of 1905, Hospital of the University of Pennsylvania, to Charles Northmore Sturtevant. Dr. and Mrs. Sturtevant will live at 4321 Frankford Avenue, Philadelphia.

ON June 2, Elizabeth Gilmore, class of 1895, Hospital of the University of Pennsylvania, to Augustus T. Pollard, M.D. Dr. and Mrs. Pollard will live at 230 South Fifteenth Street, Philadelphia, after January 1, 1911.

ON May 14, at Seattle, Bertha Frances Harris, graduate of the Illinois Training School, to Charles R. McCreery, M.D. Dr. and Mrs. McCreery will live at The Bonnevillie, Tacoma, Wash. Mrs. McCreery has been a member of the King County Association of Seattle.

ON May 28, in the superintendent's apartment of the Orthopædic Hospital, Lincoln, Nebraska, in the presence of the nurses of the school, the medical staff, and a few friends, Anna E. Hardwick, R.N., superintendent of nurses, to William Dodge. An informal reception was held in the hospital in the afternoon following the ceremony. Mr. and Mrs. Dodge will live in Westfield, Mass.

DEATHS

IN April, at Arlington, Iowa, of typhoid fever, Charlotte Howard, class of 1904, Hahnemann Hospital, Chicago.

ON May 19, at Ptoskey, Michigan, after a short illness, Mrs. G. W. McCabe, formerly Georgie McKinley, class of 1902, Mercy Hospital, Chicago. A husband and three small children mourn her loss.

ON May 22, at the Seattle General Hospital, Rose E. Lewis, a nurse in training, after an illness of two weeks. Services were held at the Nurses' Home, and burial was at the home of her parents, Cle Elum.

ON April 14, in Philadelphia, of pneumonia, Emily Frances Stennett, graduate of the Brooklyn Hospital, directress of nurses at the Hospital of the Good Shepherd, Syracuse, for a number of years, and late superintendent of the Sheltering Arms, Philadelphia.

ON April 13, at Cartwright, North Dakota, after an attack of appendicitis lasting thirteen days, Catherine Winter, class of 1906, Grace Hospital, Detroit. The burial was at her home, Wallaceburg, Ontario.

Two years ago Miss Winter took up a homestead on the frontier and with her knowledge and warm hearted sympathy made herself almost invaluable in the new country. The women of that region on Arbor Day planted trees on her homestead, one for each new life she had helped into the world, to serve as a memorial to her who will be sorely missed among them.

ON May 27, at her home, Oak Point, New Brunswick, Canada, Lucy Vail Pickett, class of 1882, Massachusetts General Hospital Training School for Nurses, and for ten years superintendent of the Newport Hospital, Newport, Rhode Island.

Miss Pickett passed away, after only three hours' illness, of hemorrhage of the brain. She had just taken up the duties of diocesan nurse, to serve without compensation in the families of the clergy. She had established this work as a memorial to her father, who was a clergyman and died a year ago. She was greatly beloved in her home parish and the concourse at her funeral was a touching manifestation of the regard in which she was held.

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OF THE
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of the United States

HELD AT
MENDELSSOHN HALL
NEW YORK CITY

May 19th and 20th, 1910

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Number of Alumnae Associations associated.....	141
Number of State Associations affiliated.....	31
Number of County Associations affiliated.....	13
Number of City Associations affiliated.....	8
Total.....	193

Alumnae Associations represented by delegates.....	96
State Associations represented by delegates.....	28
County Associations represented by delegates.....	9
City Associations represented by delegates.....	6
Total number of delegates in attendance.....	214
Number of graduate nurses registering as visitors (aside from delegates) ..	266

THE PROCEEDINGS OF THE THIRTEENTH ANNUAL CONVENTION

NEW YORK, N. Y., MAY 19 AND 20, 1910

Thursday, May 19, 1910

MORNING SESSION

THE meeting was called to order at 9.55 A.M. in Mendelssohn Hall, by the president, Miss Delano, who called upon the Reverend Henry Sloan Coffin, D.D., of the Madison Avenue Presbyterian Church, to pronounce the invocation.

The president then introduced the superintendent of Mount Sinai Hospital, Dr. Sigismund S. Goldwater, who welcomed to New York City the nurses who had come to the convention.

ADDRESS OF WELCOME

No words of mine can add to the warmth of the feeling or the sincerity of the sentiment with which New York welcomes your organization as a temporary addition to the life of the city. Your mission is not only to advance the interests of your members; it is also to promote the efficiency of a profession whose activities tend to lighten some of the heaviest burdens which men are called upon to bear. Whatever you gain in knowledge and power, whatever improvement you introduce in the method of your work, brings new benefits to all. New York will follow with cordial sympathy the labors of this convention, standing ready to support, with a feeling of common interest, whatever part of your plans may need the helping-hand of a great community.

Our city is one of great power, of splendid resources, of notable achievement in all the arts and graces of civilization; but it is equally a place of weighty and unsolved problems; of massed poverty, disease, and degradation; of arduous, and not always successful effort for social betterment. In its effort to apply the knowledge which the medical sciences have made available, in its struggles to relieve the sick, to promote hygiene, to spread the gospel of social responsibility and social reform, it is largely dependent upon the character, the intelligence, and the training of nurses. Physicians, philanthropists, and the public

generally, cannot fail to be conscious of this dependence, and with this consciousness there is necessarily associated a sense of gratitude for the services already rendered.

The era upon which we are entering is often spoken of as the age of preventive medicine. It will be most creditable to the present generation if historians, in the retrospect, accept the term as one properly applicable to the period. It is certain, at any rate, that much of the wisdom, the wealth, the energy, and the good-will of the present and of the rising generation, will seek an outlet in the field of hygiene. What does this signify to the medical profession and to nurses? To my mind it signifies the gradual shifting to your shoulders of much of the responsibility for dealing with disease which now rests upon the medical profession.

For the work of research in the medical sciences for the purposes of clinical diagnosis, of experimental and practical therapeutics for the discovery of the principles of preventive medicine, there are needed the arduous scientific training, the advanced and specialized thought and knowledge of the physician; but the principles of preventive medicine, once established, are relatively simple in their application. As the task of the hour becomes less that of abstruse thought and difficult investigation, and more that of practical hygienic effort, the relative need of the physician decreases, while the need and the value of such services as nurses may be trained to render, increase. This tendency finds its practical expression in the extension of the nurse's occupation from the bedside of the sick to a wider region beyond,—to the admitting office and the discharging office of the hospital, to the dispensary, the day-camp, the tenement home, to the school, the factory, the milk station, and the social settlement. There follows, of necessity, a recognition of the fact that for this newer work the hospital school of nursing affords no adequate training. Additional means of instruction are required, in furnishing which it is the happy privilege of New York to take the lead.

There are two things in connection with the movement for the extension of the nursing field which it is worth while to keep in mind. The first is, that all nurses are not temperamentally or intellectually adapted for all or for any part of the new work that cries out for attention. There is no cause for regret in this, because the older function of ministering to the sick at the bedside cannot and should not be abandoned. Its old value remains; it has lost none of the attractiveness which it has always had for a certain type of woman, whose devotion to the ideal of personal service imparts a spiritual

grace to whatever she undertakes in this kind. And as an honorable means of livelihood, nursing, in the sense in which the world generally understands it, continues to attract many who bring to it that sense of duty which alone can give stability to the institutions upon which civilization rests. I am sure that what I say voices the sentiment of your own leaders, for the program of this convention deals largely with matters of nursing in the old-fashioned sense,—with those forms of effort which have won for your profession the love and respect of everybody, and which make New York feel honored in receiving you to-day.

The second thought that I wish to suggest is, that while the nurse who enters enthusiastically upon one or another form of the newer varieties of social service is more than likely to add to the total of human happiness, she, more than those who are committed to the simple and less conspicuous forms of endeavor, needs to be on her guard against the faults of personal pride, of hasty and censorious judgment, and of unwarranted belief in the easy accomplishment of genuine and lasting social reforms.

It requires no great gift of courage to enter upon the battle for social reform when our generous impulses are aroused, when friends applaud, when hope so pervades the air that the adoption of a program of reform seems equivalent to its successful accomplishment. At such a moment no other occupation seems as noble, no mere domestic obligation as worthy, no homelier effort as brave. Now, while I firmly believe that the work of nurses in the field of preventive medicine is destined to accomplish, directly and indirectly, as much as any other single force in correcting those evils in our social organization for the removal of which we are in honor bound to strive, I do not believe that every woman who undertakes to do district nursing, or any similar form of work, is thereby transformed at once into a true philosopher, a gifted prophet, or a safe guide for mankind; nor do I believe that those who are simply carried away by the novelty of the situation, and who are not at all moved by a deep-rooted desire to do God's work in the world, will be rewarded by seeing their efforts crowned with success. It will take many years, perhaps many generations, to achieve what some of the reformers of the day so light-heartedly promise under such mottoes as "No Poverty, No Preventable Disease, No Crime in 1920." The world is not to be made over as easily as all that, and disillusionment and disappointment are in store for those who believe that we have only to look into the sky to see the angel of our physical and moral salvation approaching. And yet, while other occupations may be as

good, I am sure that there is none better, none worthier of emulation and support, than that of the woman who, with humble and patient faith in the power of human effort, dedicates her life to the battle against disease, and determines to stand, to the end of the chapter, for the right of the children of the poor to live, to grow into healthy manhood and womanhood, and to share in the sweetness and light of the world. There are those among you who have entered upon this struggle for the uplifting of the race, and to you, especially, New York turns in hope, in trust, in grateful appreciation.

RESPONSE

MISS McISAAC.—As one of the charter members of this society I was asked to respond to the hospitable welcome given by Dr. Goldwater to the nurses to New York, which is a great pleasure and privilege. I am sure we all feel that to come to New York is in itself a pleasure, a delight, and an education; when coupled with all that, the hospitality, the affection, and the devotion of the nurses, and every one interested in nursing, makes possible such a splendid meeting as we had last night (the Nightingale Commemoration), I am sure it is a red letter day in the lives of every individual, as well as a milestone that marks a very important historical epoch of the world.

It is not only the city of New York that appeals to us and ties up and binds our heart-strings, but it is because the founders of our association came from here. A great many of our laborers, the first women who worked for us, who made it possible for us to meet together under such conditions as these, were New York women; and it was here that the preliminary work was done to organize this society. It was here that the first meetings were held. Consequently we have a very warm spot in our hearts for New York.

This is our first gathering since Mrs. Robb's tragic death, and we cannot help realizing our irreparable loss. New York is one of the first places in the country to give a fitting tribute to one who did so much for us. We are very glad and very happy to be here and hope to behave so well that they will ask us to come again.

THE PRESIDENT.—It is only by the merest chance that Miss McIsaac is not sitting in my place. We hoped last year that she would be our president this year, and I have a little grudge against the Chicago schools, which demanded so much of Miss McIsaac's time for writing a text-book on hygiene that she deserted us. So it seemed most fitting that she should respond to this cordial address of welcome.

Roll-call, by the secretary.

THE PRESIDENT.—The roll-call of this association always seems to me a most impressive affair. We never quite realize our size nor how far-reaching are our affiliations until we come here and hear this splendid roll.

There is always a little sadness in the roll-call when there are some absent. Absent to-day is Miss Annie Damer, who was for six years president of this association; also Miss Palmer, the editor of the *AMERICAN JOURNAL OF NURSING*, who is known from one end of the country to the other in connection with that work,—both detained on account of illness. I think it would be a most gracious thing for this society later to send our wishes for a speedy recovery of those two women.

The sudden death of one of our members has cast a gloom over all the proceedings of this week; and it seems fitting at the beginning of our own convention that we should pay tribute to Mrs. Isabel Hampton Robb. Her work as a superintendent, as you have been told in the meetings of the two days previous, was in the Illinois Training School for Nurses and the Johns Hopkins School for Nurses. We have asked Miss Bean, of the Johns Hopkins School, to say a few words in regard to the work of Mrs. Isabel Hampton Robb in Baltimore.

MISS BEAN.—It is a great privilege to say anything about Mrs. Robb. I wish I could say something adequate, but it is not possible. Mrs. Robb was a great woman. She was one of the greatest we shall ever know as a nurse. She was a nurse, and she said, "once a nurse always a nurse." She was eminently endowed as a nurse, she was eminently endowed as a woman, and she did whatever she was called upon to do to the very fullest. She had a remarkable enthusiasm, she had a remarkable intuition, and a wonderful grasp of not only what was before her, but what might be coming. And I think we must remember that about her, her beautiful, wonderful enthusiasm and the way she knew what we should need. Mrs. Robb knew we should grow. I think we know we shall grow. She had the spirit that will animate us and will help us and she knew in her work that the nurse needed to be educated. The first paper she read, I understand, was on the "Standards of Education." She knew that we could not practically apply what we did not remember and know, and that she always maintained.

You know where her work lay; you have been told; that is, where her earlier work lay, before she took up other duties in the Illinois Training School for Nurses and the Johns Hopkins School for Nurses. But her work after she left that and a few years after her marriage became known to all the nurses in America and all nurses everywhere, and whatever she did she came back to nursing, and it was her great pride and great pleasure.

This Association grew out of the Superintendents' Society and of a paper that was read by Mrs. Robb. She was always interested. She

knew about what was being done and she advised when the nurses met together to organize. Mrs. Robb was made the first president and held the office for the first five years, so she must have had a great deal to do with our organization and with the first principles that were applied and with the scope of the work, and she wanted to draw all the nurses of the country closer together, unite us in one common aim, a high aim; an aim that would make us always grow as the work grew, as the needs grew in the country that would insist upon a very high standard of education, that would put nurses before the public in the place nurses deserved to have, that would make the medical profession see what the nurse might do, that would help the public to see what the nurse might do and how much the public needs the nurse, the nurse of the right kind only; that is, not the nurse who is doing the work for her own sake; although when one does work for her own sake, in the best sense of the term, one does it for one's ideals, that is the efficient work for the public; but we must also do it in a spirit of disinterested helpfulness.

We deal with sick people, or the profession of illness; and those are very grave problems and we should only meet them with the highest, finest, noblest spirit. Mrs. Robb had that and she had a very deep interest in the work. We must have that. It is too serious to do it without that joy that comes from any work that is well done and into which we put our hearts, our minds, and all our talents, and all ourselves. I know Mrs. Robb would appreciate all that have come out to honor the memory of her name. We should all feel what we have lost. We have lost the charming presence, the beautiful personality of Mrs. Robb, but we have not lost her spirit and we have not lost the ideals, the visions, and the ability to do the work that gave her so much pleasure and that she has left us to-day.

The president asked some one to speak of Mrs. Robb's work in the Illinois Training School.

MISS McMILLAN.—I am a graduate of the Illinois Training School, and so I feel that I can respond though in a very inadequate way. We certainly cannot allow our school to be unrepresented. The Illinois Training School grieves the loss of Mrs. Robb. It feels honored by the connection of Mrs. Robb with the school, and it hopes that it is carrying out the principles of her teaching. I ask Miss Nutting to pay a tribute to Mrs. Robb's memory in the cause of the middle west, where we always honored her name.

MISS NUTTING.—The question is asked me just now and not one moment to think on it, but after all it ought not to take one moment's thought, especially from one who lived for twenty years closely beside

her, knew her plans and knew her ideals and in spirit was with her in all she undertook to carry out.

I remember well when she came back from Chicago, from the place there where the Superintendents' Society was formed, and with what delight she told of the women, twenty-five or thirty, who gathered together to form their first nurses' society in this country. I know well what they thought would be the outcome of that society. I know how she followed the association year after year, and I have always been deeply grieved that she did not become the first president of that society. However, she was one of the first members of the council. She was present at all its conferences. She attended every meeting she could get to, and she knew fully the need of a strong body of teachers and directors. She grieved when our society did not fully fulfil its mission and develop its possibilities, and she was glad when it seemed to be growing stronger and doing better and better work. I think she would approve, were she here now, of the work we are trying to do in the Associated Alumnae, that was always from the very beginning a part of the plan.

And I should pay tribute also to one who was working with Mrs. Robb even closer than I, and that was Miss Dock, whom we all know and love. Miss Dock and Mrs. Robb used to sit together evening after evening, talking over this plan. Miss Dock helped plan what Mrs. Robb was trying to bring about. I remember, too, that masterly paper that Mrs. Robb produced on the subject of associations, which should be read and studied with profit to-day, that was presented in Philadelphia fourteen years ago, following which the committees were appointed which brought this body into being. Mrs. Robb was, as Miss Bean has said, the first president, and I remember when she was appointed.

It did not exalt her at all. She went back in her sitting-room and closed the door and she did what President Roosevelt is said to have done when he learned of the overwhelming majority by which he had been elected president. She sat down and put her face into her hands and cried and she said, "I cannot do it." But she did do it. And that spirit of humility, that of approaching her work with the full consciousness of the tremendous possibilities, I think was one of the secrets of her power; not in a spirit of great confidence or arrogance, or feeling that she was president of this or that, but with a spirit of deep humility, praying that she might have the strength and power to do her work.

In her spirit, then, let us go out and do the work before us. We can well approach our problems with deep humility. They are great.

I think I can repeat that no body of women have had greater. We need the support of the entire community in doing it; and I think if we do it, what Mrs. Robb has done will be largely instrumental in bringing it about.

THE PRESIDENT.—We have only recently heard of the death of Miss Elizabeth Upjohn, graduate of St. Luke's Hospital, Utica, New York, and for some years connected with the tuberculosis work in Boston. She died at sea on the 4th of May. I will ask the secretary to read a tribute which came from her co-workers.

IN MEMORIAM

IN a first report on tuberculosis work of particular interest to nurses at large, it is fitting to say a word in memory of a member of the original tuberculosis committee appointed in 1909, one of the pioneer nurses in the tuberculosis work in the United States, Elizabeth P. Upjohn, graduate of St. Luke's Hospital, Utica, and late Superintendent of Nurses in the Boston Consumptives' Hospital Out-Patient Department, who died at sea May 4, 1910. Of frail physique, but indomitable courage and unbounded enthusiasm, she was a daily inspiration to the nurses who worked for her, a loyal friend to those who shared her friendship, and a tireless champion of the patients whom she served. Although for years a sufferer from an incurable disease, none but her most intimate friends knew this and even they did not appreciate that underneath a happy and infectious joyous exterior was concealed all outward evidence of acute suffering. Faithful in all things, large and small, she sacrificed her life to the work in which she was most interested. The nursing profession at large has lost a warm advocate; her nurses, a leader whom it will be impossible to replace. Her work will go on well, for it was splendidly organized, but only those who worked with her can appreciate what her loss means to the countless sufferers from tuberculosis to whom nurses will minister. Only one whose love and faith and sympathy were unbounded could give as she gave, and her nurses are grateful indeed for the privilege of having known and worked for a woman who fought so nobly her part in the campaign against tuberculosis.

EDNA L. FOLEY,
Chairman, Tuberculosis Nursing Committee.

REPORT OF THE EXECUTIVE COMMITTEE

Four meetings of the Executive Committee were held—one in Minneapolis, one in Cleveland, and two in New York City.

At the meeting in Minneapolis, the number of members of the committee

was increased to seven, in order that the different sections of the country might be more largely represented. Committees were appointed according to by-laws.

There were four special committees appointed, as authorized by the association, namely, District Nursing, Tuberculosis Nursing, Nursing of the Insane, and Reorganization.

In October, 1909, upon request of the War Relief Board, candidates were nominated to serve on the Red Cross Nursing Service Committee.

Applications for membership from Alumnae Associations, 9.

Alumnae Associations admitted were as follows: German Hospital Alumnae of San Francisco, Blessing Hospital Alumnae of Quincy, Ill., Louisville City Training School Alumnae, Trinity Hospital Alumnae of Milwaukee, Wis. One received too late to be considered.

Applications for affiliation from state, county, and city associations, 7. Accepted: West Tennessee Graduate Nurses' Association, Wisconsin State Nurses' Association, Louisiana State Nurses' Association, Graduate Nurses' Association of Dayton and vicinity, Philadelphia Club for Graduate Nurses, Graduate Nurses' Association of St. Louis. One received from a county association too late for consideration.

Your Executive Board respectfully recommends that the combined offices of secretary and inter-state secretary be divided, and a salary be allowed the inter-state secretary; furthermore, that the secretary receive such a salary as the funds of the association will allow.

Respectfully submitted,

AGNES G. DEANS,
Secretary.

REPORT OF THE TREASURER FOR THE YEAR 1909-10

RECEIPTS

Cash balance on hand, April 30, 1909—General Fund.....	\$784.70
Cash balance on hand, April 30, 1909—Journal Fund.....	88.00
Initiations	\$25.00
Alumnae association dues.....	1140.50
State association dues.....	140.00
City and county association dues.....	75.00
Interest, reports, etc.	27.45
	—————\$1407.95

CONTRIBUTIONS TO THE AMERICAN JOURNAL OF NURSING PURCHASE FUND:

Silver collection, annual meeting, 1909.....	\$73.00
Five delegates from St. Luke's Hospital, Chicago.....	2.50
E. M. Ellis	5.00
Miss Bishop	5.00
Florence Thompson	10.00
Old Dominion Hospital Alumnae Association.....	30.00
E. F. Sherman	5.00
Graduate Nurses' Association of Texas.....	75.00
Elizabeth Hanson	5.00
Mary S. Gardner	10.00

M. Helena McMillan	\$25.00
St. Luke's Hospital Alumnæ Association, St. Paul.....	15.00
Anna Davids	5.00
Ella J. Goodrich	25.00
Ellen V. Robinson	25.00
Dorothea McDonald	10.00
Genevieve Cook	5.00
National Homœopathic Hospital Alumnæ Association.....	25.00
Jane A. Delano	25.00
S. Margaret Thomas .....	.50
Michael Reese Hospital Alumnæ Association.....	55.00
Mercy Hospital Alumnæ Association.....	50.00
Memorial Hospital Alumnæ Association, Richmond.....	25.00
Memorial Hospital Alumnæ Association, honorary member..	5.00
Mary Scarlet	1.00
L. E. Longstaff .....	.50
Graduate Nurses' Association of Cleveland.....	25.00
Missouri State Nurses' Association.....	50.00
Georgia M. Nevins	25.00
Florence Grand .....	.50
Mary Hutchinson .....	.50
Rebecca Wood .....	.50
Jessie Cavins .....	.50
Margaret Ainslie .....	.50
Mollie Hoge .....	.50
Grace Runkle .....	.50
Mary Hill .....	.50
Martha M. Hirth	1.00
Mrs. Leonora Haig .....	.50
Augusta North .....	.50
H. B. Monteeth .....	.50
Oregon State Nurses' Association.....	50.00
New York Hospital Alumnæ Association.....	100.00
Ohio State Graduate Nurses' Association.....	50.00
St. Mary's Hospital Alumnæ Association.....	15.00
Mrs. E. Baldwin Lockwood.....	5.00
St. Joseph's Hospital Alumnæ Association, St. Paul.....	20.00
Garfield Memorial Hospital Alumnæ Association.....	25.00
Long Island College Hospital Alumnæ Association.....	50.00
Indiana State Nurses' Association	25.00
Nineteen individual members, Indiana State Nurses' Association	10.00
Alumnæ Association of the Norton Infirmary.....	25.00
Boston City Hospital Alumnæ Association.....	50.00
University of Maryland Hospital Alumnæ Association.....	25.00
Alumnæ Association of Roosevelt Hospital Training School for Nurses	100.00
Battle Creek Sanitarium Hospital Alumnæ Association.....	50.00
Sarah Odell Travis .....	.50

Hope Hospital Alumnae Association.....	\$15.00
West Virginia State Nurses' Association.....	50.00
Hartford Hospital Alumnae Association	25.00
St. Barnabas Hospital Alumnae Association, Minn.	25.00
Anna C. Maxwell	25.00
San Francisco County Graduate Nurses' Association.....	100.00
A. E. Brobson .....	.50
Lakeside Hospital Alumnae Association, Cleveland.....	50.00
Pauline Doliver	25.00
Minnie G. Watt .....	.50
Mary A. MacKenzie	1.00
Fantine Pemberton	1.00
Brooklyn Homœopathic Hospital Alumnae Association.....	25.00
St. Joseph's Hospital Alumnae Association, St. Paul.....	5.00
Minnesota State Graduate Nurses' Association.....	50.00
Emma Holmes	1.00
Gertrude Montford	1.00
Susan B. Johnson .....	.50
H.	5.00
E. T. Woods	1.00
Evelyn L. Millay .....	.50
Margaret Wylie .....	.50
Anonymous	1.00
A. E. Brobson .....	.50
Nebraska State Nurses' Association.....	50.00
Wesley Hospital Alumnae Association.....	25.00
Janet G. Grant	10.00
New York Post-Graduate Hospital Alumnae Association....	75.00
Mrs. M. Irene Moyer.....	10.00
Louise K. Rudolph	2.00
Wilhelmenia Koeckert	1.00
Los Angeles County Nurses' Association.....	100.00
Rose A. Suffern	1.00
Jane L. Carter .....	.50
Anonymous	1.00
Brooklyn Hospital Alumnae Association.....	100.00
Marie S. Goettler	1.00
Nurses' Alumnae of Jackson Sanitarium.....	25.00
St. Luke's Hospital Alumnae Association, St. Louis.....	50.00
California Hospital Alumnae Association.....	50.00
B.	5.00
D.	1.00
Danville Nurses' Club, Virginia.....	5.00
Iowa State Association of Registered Nurses.....	56.50
New Jersey State Nurses' Association.....	25.00
Margaret J. Thompson, R.N.	5.00
E. G. Sahrock	2.00
Frances A. Myles	2.00
Elizabeth A. Kellan	1.00

Rochester City Hospital Alumnae Association.....	\$25.00
Katharine E. V. Hope and Julia W. Montanye.....	3.00
Graduate Nurses' Association of Lafayette.....	10.00
Mary M. Roulson	1.00
Hospital of the Good Samaritan Alumnae Association.....	50.00
Asbury Methodist Episcopal Hospital Alumnae Association..	25.00
	<hr/> \$2351.50
	<hr/> \$4632.15

In addition to the above, gifts of AMERICAN JOURNAL OF NURSING stock as follows:

Rochester Homœopathic Hospital Alumnae Association.....	1 share
New York Hospital Alumnae Association.....	1 share
Methodist Episcopal Hospital Alumnae Association, Brooklyn.....	1 share
Illinois Training School Alumnae Association.....	2 shares
Massachusetts General Hospital Alumnae Association.....	1 share
Presbyterian Hospital Alumnae Association, Philadelphia.....	1 share
St. Luke's Hospital Alumnae Association, Chicago.....	1 share
	<hr/>
Value.....	\$800.00

DISBURSEMENTS

EXPENSE OF ANNUAL MEETING, 1909:

Badges	\$14.95
Expenses of officers	226.35
Printing	37.85
Stenographer	133.20
Report of meeting published.....	465.00
	<hr/> \$877.35

MISCELLANEOUS:

Expense of Nominating Committee.....	\$15.05
Expense of Executive Committee.....	225.90
Salary, Agnes G. Deans.....	100.00
Stationery and postage.	59.09
Dues National Association for Prevention of Tuberculosis...	5.00
Dues American Federation of Nurses.....	15.00
Expense of Red Cross Committee.....	20.75
Auditor, 1908-09	6.00
Stenographer ½ and for Federation Meeting.....	36.00
Copies certificates incorporations	3.50
Interest on JOURNAL stock.....	18.00
Expense of Tuberculosis Committee.....	3.80
Long Island Trust Co. safe deposit box.....	5.00
Expense of Programme Committee, 1910.....	9.80
Expense of representatives to stockholders' meeting, AMER- ICAN JOURNAL OF NURSING Co.	56.75
	<hr/> \$579.64

AMERICAN JOURNAL OF NURSING stock, JOURNAL Purchase Fund..	\$2000.00
AMERICAN JOURNAL OF NURSING stock, General Fund.....	200.00
Balance on hand, General Fund, April 30, 1910.....	535.66
Balance on hand, JOURNAL Purchase Fund, April 30, 1910.....	439.50
	<hr/>
	\$4632.15

RESOURCES

Cash on deposit Long Island Loan & Trust Co.:

General Fund	\$535.66
JOURNAL Purchase Fund	439.50
Fifty-three shares AMERICAN JOURNAL OF NURSING stock..	5300.00
	<hr/>
	\$6275.16

ANNA DAVIDS, R.N.,
Treasurer.

Audited and found correct, D. D. ANDRADE, Accountant, Saturday, May 14, 1910.

CONTRIBUTIONS TO AMERICAN JOURNAL OF NURSING PURCHASE
FUND, May 1 to May 20, 1910

L. L. Dock	\$25.00
Birdie Dunn	1.00
Berrien County Graduate Nurses' Association.....	2.00
Registered Nurses' Association of Des Moines.....	10.00
Wisconsin Association of Graduate Nurses.....	25.00
Butterworth Hospital Alumnae	10.00
Maine General Hospital Alumnae.....	25.00
Graduate Nurses' Association of New Hampshire.....	50.00
Graduate Nurses' Association of Pennsylvania.....	100.00
Ida H. Sherk .....	.50
Lucy Ashley Sharp	5.00
Georgia State Graduate Nurses' Association	50.00
Lucy C. Ayres	25.00
Salem Hospital Alumnae	25.00
Anna C. Maxwell	25.00
Nellie Morrell .....	.25
Through Mrs. E. G. Fournier.....	5.60
City and County Hospital Alumnae, Denver.....	25.00
St. Luke's Hospital Alumnae, Richmond.....	9.50
Connecticut Training School Alumnae.....	10.00
Union Protestant Infirmary Alumnae.....	50.00
Monroe County Registered Nurses' Association.....	25.00
Graduate Nurses' Association of Dayton.....	20.00
King County Graduate Nurses' Association of Seattle, Wash.....	10.00
Registered Nurses' Association of Colorado Springs.....	24.00
Jewish Hospital Alumnae, Cincinnati	15.00
Mary E. Lent	5.00
Individual graduate nurses of Detroit, through Agnes Deans.....	27.50
St. Luke's Hospital Alumnae, Chicago.....	10.00

Graduate Nurses' Club of Pasadena.....	\$12.00
Elizabeth H. King, Honolulu	2.00
Illinois State Nurses' Association, from the sale of Florence Nightingale postals	50.00
Annie Rhodes .....	.50
Nellie Reed	1.00
Rhode Island Hospital Alumnae.....	25.00
Grace Carmichael	1.00
Children's Memorial Hospital, Chicago (pupil nurses).....	7.00
S. R. Smith Infirmary Alumnae.....	5.00
Jefferson County Graduate Nurses' Association.....	10.00
Grace Hospital Alumnae, Detroit.....	15.00
Grace M. Young	2.00
Anonymous .....	.50
	<hr/>
	\$746.35

King's County Hospital Alumnae.....	One share of stock
Mt. Sinai Hospital Alumnae.....	One share of stock
St. Luke's (New York) Hospital Alumnae.....	One share of stock

ANNA DAVIDS, R.N.,
Treasurer.

THE PRESIDENT.—I think we have great reason to congratulate ourselves when we hear this report of the treasurer in regard to the purchase of the JOURNAL stock. Last year when an effort was made to raise this fund it seemed a gigantic undertaking; but the manner in which the nurses all over the country have responded is splendid; and one thing that has been most gratifying is the response from individuals in small contributions. Of course we are most grateful for the large contributions from states; but I think the small contributions, showing a wide interest, is the most hopeful sign of it all.

REPORT OF NOMINATING COMMITTEE

The Nominating Committee of the National Associated Alumnae of the United States begs to present the following ticket:

President: Jane A. Delano, Washington, D. C. First Vice-President: Mrs. A. R. Colvin, St. Paul, Minn., Helen Scott Hay, Chicago, Ill. Second Vice-President: Eva A. Mack, Chicago, Ill., Lucy B. Fisher, San Francisco, Cal. Secretary: Agnes G. Deans, Detroit, Mich. Treasurer: Anna Davids, Brooklyn, N. Y., Mrs. C. V. Twiss, New York, N. Y. Directors: M. Helena McMillan, Chicago, Ill., Isabel McIsaac, Benton Harbor, Mich., Margaret Whittaker, Philadelphia, Pa., Anna C. Maxwell, New York, N. Y.

Respectfully submitted,

ADDA ELDREDGE, R.N.,
ELSIE COURRIER PHILLIPS,
HELEN BALCOM, R.N.,
ANNA M. RINDLAUB, R.N.,
E. E. GOLDING, R.N.

ADDRESS OF PRESIDENT

I WILL take only a short time to-day to say a few words in regard to our hopes for the future and our thoughts of the past. We have had such splendid meetings and so much inspiration during the past three days in the Superintendents' and combined meetings, that it seems almost hopeless for me to add anything to what has already been said and done. But there are a few points which impressed me through all of these delightful meetings. Our history naturally divides itself into two epochs: one beginning fifty years ago, when Florence Nightingale came back from the Crimea with the enthusiasm and the inspiration which led to the establishment of the first training school for nurses, as we know them to-day; and now I believe that we are on the threshold of a new epoch. As Dr. Polk told us last night, there was a combination of circumstances which led to the development of our profession; first of all was the great need in the Crimea. Other soldiers had lain unprotected, other soldiers had suffered without succor; other soldiers had died unattended; but for the first time in the history of the great wars of the world was the quick transmission of news possible. Telegraphic communication and railroads were just at the beginning of that period. When the news reached England of the suffering in the Crimea it was perfectly natural that women should be found to go to the front. I believe that so long as the heart of woman is filled with sympathy, so long will an appeal for help find response.

Soon after the war in the Crimea came the battle of Solferino. You heard last night a splendid tribute to the Red Cross, how the inspiration of one man led to its establishment. On the battlefield after this tremendous slaughter forty thousand soldiers were left dead and wounded. John Andrew Durant, a Swiss, found the conditions most horrible. He organized among the peasant women a relief corps, and he saw the great need for a mutual organization for the care of the sick and wounded in time of war.

We have developed training schools all over the country. Fifty years ago there were no training schools in America. Bellevue is just about to publish its thirty-ninth annual report. So you see ten years after the establishment of the first training school the work began in this country. I would like to pay a tribute to the work of the splendid women, who were, I believe, Florence Nightingale's own nurses, Sister Helen, who was the first superintendent of Bellevue training school, and Alice Fisher, the first superintendent of Blockley.

On my way to New York I stopped in Philadelphia for the twenty-fifth anniversary of the establishment of this training school, and it was my privilege to sit at dinner next to a nurse who was, I believe, the first graduate trained under Alice Fisher. She told me a little story which seemed to me so characteristic of the life and the ideals and the purposes of those splendid first nurses that I want to tell it to you. There was an epidemic of typhoid fever in Plymouth, Pennsylvania, soon after Alice Fisher came to Philadelphia, and the authorities of Philadelphia sent her there to help in the care of the typhoid fever patients. She went without any assistants, but found conditions so bad that she sent back to the hospital for help. The nurse who sat next to me was one assigned to this duty. I think she travelled all night and arrived there the next morning. She had been directed to go to a certain little hotel in this town and she found in her room a note from Alice Fisher which told her to rest for so many hours and then report for duty. The nurse did not realize what this meant, but took her rest, five or six hours, I presume, and then reported to Alice Fisher and found that she had been on duty without relief for seventy-two hours.

Following the establishment of the first training schools came their development throughout the country. But even twenty-five years ago there were only thirty-five training schools in the whole United States. Now there are over a thousand. There were perhaps eight hundred pupil nurses at that time, certainly not more, the schools graduating, perhaps, two hundred nurses during the year. It is impossible to estimate accurately the number of graduate nurses in America to-day, but there are probably not far from 75,000.

Now with this increase in our numbers come new responsibilities; and I believe that to-day we are standing on the threshold of a new epoch with new ideals, new hopes, and new aspirations. Dr. Goldwater, in his address of welcome, has outlined to you some points which we may well consider. I believe that the time is not far distant when this great body of women will be joined together in what we now call preventive work. We are inclined to accept conditions as we find them. In the old days we questioned very little the causes which led to the conditions. We found people suffering from typhoid and we felt that we had quite done our duty if we carried our patient safely through to recovery. Now, if we are called into country places to care for typhoid, we have not discharged our duty when we have looked after that one particular patient; we should consider as much as the care of the patient the protection of any one with whom we

come in contact, and as far as possible look into the circumstances which led up to this condition.

We hear a great deal these days in regard to the social point of view. I believe there is no body of men or women in the country to whom this duty comes more clearly than to nurses. We have had special training. We have opportunities which do not come even to a physician. We are with our patients twenty-four hours out of the twenty-four. A doctor comes in for perhaps fifteen or twenty minutes; and while his responsibilities are greater than ours, we have unequalled opportunities for service and instruction. And I believe we must give an account of our stewardship in regard to this work. Whether we justify our existence, whether we convince the public that we are really essential, rests with us. We are challenged; we know that we must admit it, we are challenged constantly. In my own mind I think these challenges one of the most hopeful signs. As long as people ignore us it means that we are working to but little purpose underground, like the mole, but when we begin to come out into the light and our work broadens, we may accomplish more, but our faults will be more conspicuous.

I believe that we occupy a peculiar position. It has been said that there is a gulf dividing the submerged classes, from the people above, over which none may pass without contamination. I believe that to us is given the opportunity to pass this gulf without contamination. I think we share with the Sisters of the various religious orders, this privilege.

May I leave this one parting word with you: to cultivate in your work, in your studies, and in your lives the desire to benefit all with whom you come in contact, whether sick or well; if well, to help them to keep well; if sick, to help them back to health and to improve the conditions in which we find our patients living.

REGISTRY SYSTEM OF THE HENNEPIN COUNTY GRADUATE NURSES' ASSOCIATION, MINNEAPOLIS, MINN.

Devised by MARION A. MEAD, M.D., Registrar

HAVING received from time to time so many inquiries for an outline of our system of operating a nurses' registry, I herewith present a practical and useful device, with illustrations, for the benefit of those operating or about to establish a central registry.

The illustration shows a board $12\frac{1}{2}$ inches by 16 inches, which is ample in size for our membership of 170. Upon the face of the board are forty individual hooks, in rows of ten, numbered consecutively.

A card system is used: the size of the card is $3\frac{1}{2}$ inches long by $\frac{3}{4}$ inches wide.

Each member of the association is represented by a card bearing the name, address, telephone call, and character of case wanted or not wanted.

Cards marked with a nurse's name, address, and telephone call indicate that such nurse is on call for any case (see hook No. 2). In the event of a nurse so registered refusing the call, her card is transferred to the last hook.

Cards marked with a nurse's name, address, telephone call, and with the upper left corner marked "No Con," "Tbc.," "Ob.," "Out city," "9 P.M.," indicate that such nurses do not take cases of contagion, tuberculosis, obstetrics, calls out of the city, or calls after nine o'clock in the evening. Nurses' cards so marked are not called for such cases and retain their number on the waiting list, the registrar simply selecting the first card down the list registered for such work (see hook No. 14).

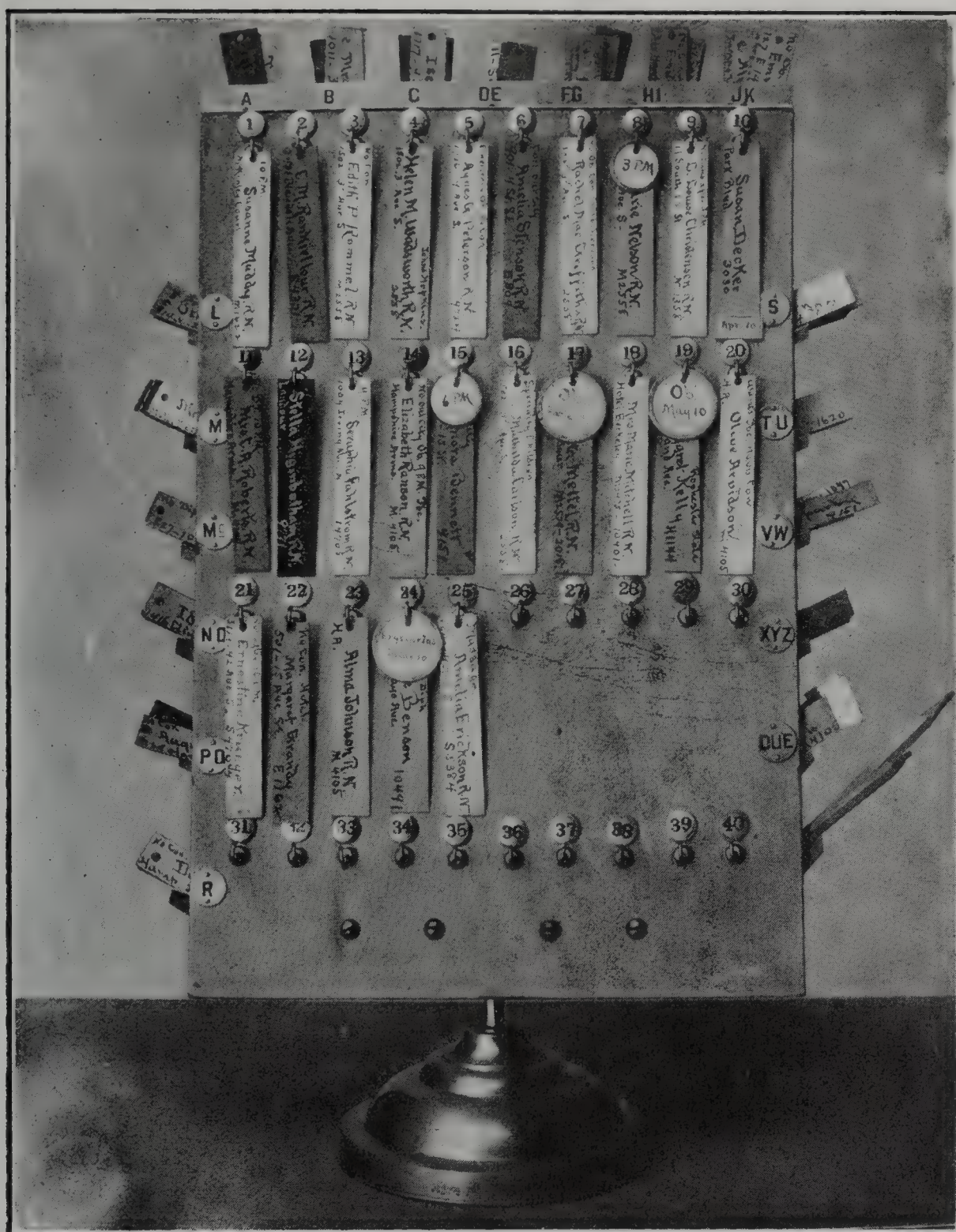
Cards may be marked for those desiring special work only: "massage," "obstetrics," etc.

The waiting list may be read to physician or party calling for the nurse and a nurse may be selected by such party regardless of her number on the waiting list.

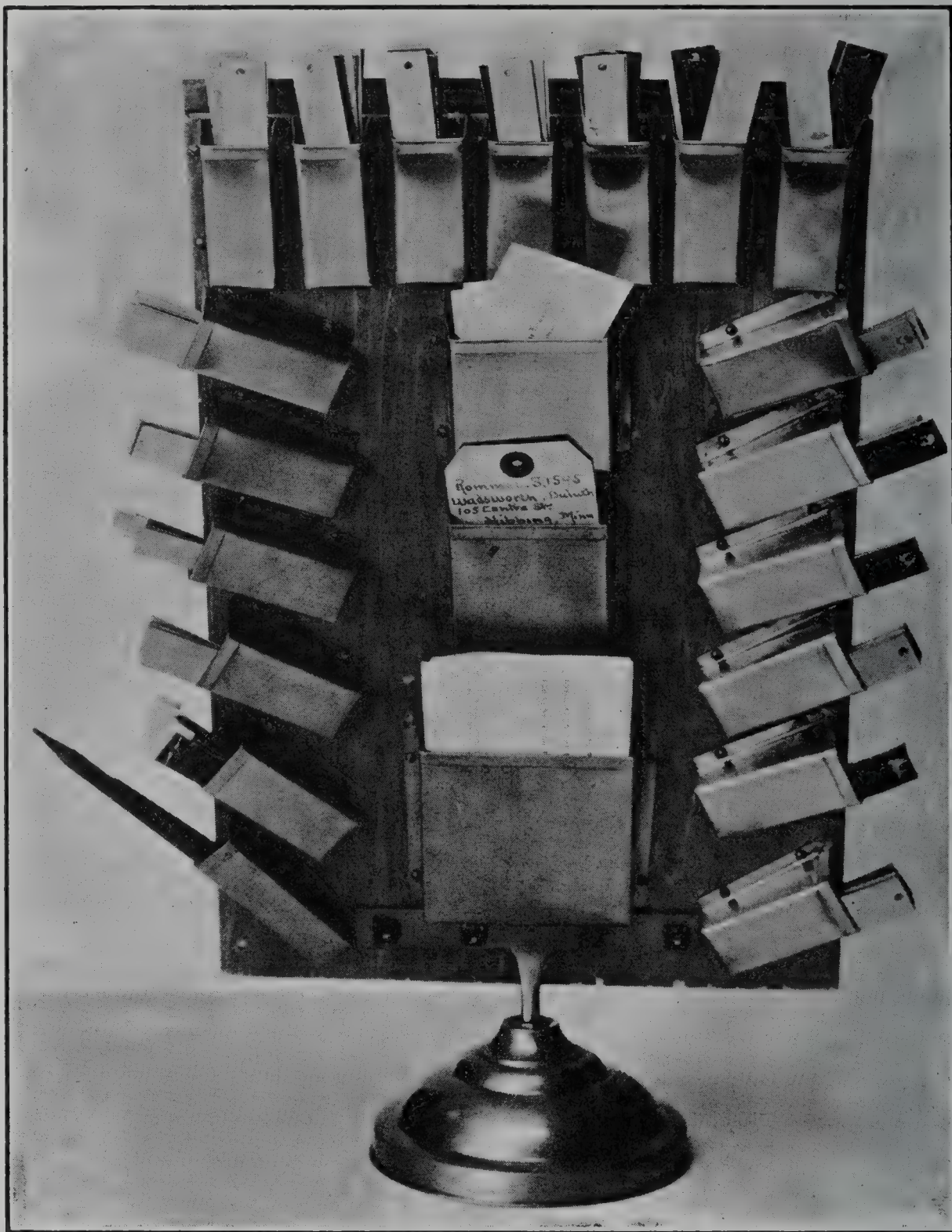
The cards used are of different colors, the Minneapolis hospitals being represented by seven different colors: red, white, blue, pink, yellow, gray, and black. The color green represents all members from schools out of the city.

The system of colored cards makes it possible to more readily designate the nurses from different hospitals, as the usual calls from physicians of the city are: "What nurses are on the list from —— hospital?" naming the hospital preferred. The registrar can at a glance read the nurses' names from the card color designating the hospital asked for, although such cards may hang on hooks Nos. 3, 5, 10, 20, 23, 32, etc.

On the back of the board are arranged eighteen metal slots (metal boxes being more easily made than wood). For our board, the slots or pockets are of brass to match the trimmings on the face of the board. These slots are arranged on an incline or angle on the back of the board and around its edge to allow the cards, when placed in the slot, to project an inch from the edge of the board, thus appearing on



REGISTRY BOARD USED BY THE NURSES' REGISTRY OF HENNEPIN COUNTY GRADUATE NURSES' ASSOCIATION, MINNEAPOLIS.



REGISTRY BOARD, SHOWING CARD SYSTEM USED.

the face of the board, and are marked alphabetically with brass tags to designate the cards of nurses out on cases. One slot is reserved to hold the cards of nurses in arrears, who are not allowed the use of the registry until dues are paid. Another slot is used to hold pencils.

Three extra large slots are also placed on the back of the board for convenience, one to hold cards left by applicants, another for special messages, and the third for blank message slips.

The standard for the registry board is an ordinary brass (leaded) standard. A rod attached to the board revolves in this standard. This arrangement gives a very compact system of hooks and slots for holding cards for registering nurses in and out.

A system of rules might be added, although every association and registrar must contrive its own points for convenience in their work—but let me give you a few suggestions we have found absolutely necessary for maintaining a first-class registry.

Some of our nurses specialize. When sent out by the registry and returning within forty-eight hours, they may retain their number on the waiting list. If registered for work and out for a time, they are expected to keep in touch with the registry every hour; if visiting a friend, to leave their telephone call at the registrar's office. If not within reach of a telephone, they may specify the hour they are to return, and a tag so marked is placed over their card on the registry (see hooks Nos. 8 and 15). Many times the physician will wait if he knows the nurse he desires for the case can take the call at a specified hour, and the call is held for that nurse.

A larger tag is used in the same way when the nurse notifies the registrar that she is engaged for a case on a definite date, the tag over the nurse's card being so marked. Then the nurse may be given calls for hourly nursing and short cases on call. The tag over the card reminds the registrar and assistant of the engagement of the nurse (see hooks Nos. 17 and 19). A tag is also used over the cards of nurses returning from cases of contagion, to allow the physician to decide the advisability of placing such nurses on special cases (see hook No. 24).

A bill is sent to each nurse a week before her association fees are due. At this time, a marking tag with wire prongs is affixed to the end of the card of the nurse in arrears, so that when the registrar takes such a card from the slot she refuses to enter the nurse for work until her dues are paid (see hook No. 10).

A book-slate, 12 x 16 inches, is used at the telephones for writing orders quickly. These are later transferred to the Standard Daily Journal, 8 x 12 inches in size, and finally transferred to the Register,

16 x 17, of 500 pages, which book contains a page for each member of the association, the work being accurately recorded under headings as follows:

HENNEPIN COUNTY GRADUATE NURSES' ASSOCIATION, MINNEAPOLIS

Nurse..... Graduate.....

Address..... Telephone..... Date of Membership.....

Date in	A.M.	P.M.	No.	Date out	A.M.	P.M.	No.	Dr.	Pt.	Address	Disease	Remarks	Dues paid to

This makes a complete record of each member's work, and she has the privilege of referring to her own page at any time.

NOTE.—In the accompanying illustration of the front of the registry board, the colors of the tags would be:

- White (City Hospital)—13, 16, 18.
- Pink (Swedish Hospital)—8, 10, 24.
- Gray (St. Mary's Hospital)—17.
- Black (Homœopathic Hospital)—12.
- Yellow (Asbury Methodist Hospital)—14, 21, 23.
- Blue (St. Barnabas Hospital)—2, 6, 11, 15.
- Red (Northwestern Hospital)—1, 3, 5, 7, 20.
- Green (Out-of-town hospitals)—4, 19.

MISS PARSONS.—I would like to know what the registry fee is.

DR. MEAD.—Seven dollars a year.

Do you charge a membership fee in addition to that?

DR. MEAD.—The membership fee and registry fee are one. Nurses must belong to the association in order to use our register.

Do you register experienced nurses?

DR. MEAD.—No, only graduates, and we hope to make them registered nurses. We are working for that.

I would like to ask what is done with nurses who go out on cases, if they are on call, without reporting to the register?

DR. MEAD.—They are supposed to lose their place on the list. We rather leave that to the conscience of the nurse. Of course there are none in Minneapolis who go out without telling us.

I should like to ask whether the schools in Minneapolis have their own registries, or whether this is the only one in the city?

DR. MEAD.—This is the only graduate registry that we know of in Minneapolis, and the superintendents are supposed to co-operate with us.

MISS ANNA MAXWELL.—I would like to ask what happens if there is no nurse to go out after nine o'clock?

DR. MEAD.—In emergencies the call is answered if possible regardless of specialty so marked on card.

MISS MAXWELL.—Have they no professional responsibility in that matter?

DR. MEAD.—Yes, I think they have.

MISS MAXWELL.—Do they feel that responsibility?

DR. MEAD.—Some of them, most of them.

MISS MAXWELL.—Because it is professional, distinctly?

DR. MEAD.—In case of emergency our nurses have always been very good in coming to the front and offering their services in such cases.

May I ask how many nurses you would consider a central registry could register, and carry on the work?

DR. MEAD.—You mean the number on our board?

The number of nurses that register.

DR. MEAD.—We have a membership of 170, but all of them do not register. We only have an average of perhaps the board full.

Would you think that the central registry could accommodate, say, a thousand?

DR. MEAD.—Oh, if you have the office force, I think so, yes.

MISS ROMMELL.—I want it distinctly understood that our registry at Minneapolis is conducted by the Hennepin County Graduate Nurses' Association. If one of our members registers and is given the privilege of registration, she must be a member of the association. The register is optional. You can register or not, as you choose; there is no special fee for it. The fee for admission to the association is seven dollars a year, and that covers the registration fee. There is nothing in addition to that. We have found that that is absolutely necessary in maintaining this registry. If you have a separate registry and make your registration optional, so that the nurses can register or not, as they choose, you will find nurses working by private contract who do not register. So we find it is preferable to have the association conduct its own registry, having the fees the same, and then any member is allowed to register or not, as she chooses.

MISS GIBERSON.—I would like to ask if you have any calls for experienced nurses in that registry?

DR. MEAD.—Quite a number of calls, but we have several non-graduate registries in Minneapolis. Before I had anything to do with it they registered both, and it was found not very desirable to continue in that way.

MISS NUTTING.—May I ask what were the real difficulties in the way of including some control of the experienced nurses?

DR. MEAD.—I think some of the nurses can answer that better. That was before my day. But I think they went out as graduates, using the same cards, and the same uniform, and getting the same prices.

MISS GREENWOOD, Cincinnati.—I beg to say that we have in our city a registry of the graduate nurses in the city, that we have a form for experienced nurses, have a separate card for them, and their prices are marked on this card. We have experienced nurses who go out for \$15, some for \$20, a week, who have had experience at the hospitals, and we find it does not interfere with graduate work. There is a very large demand for that sort of work and a marked need. We have been able to keep the interests of the two from conflicting and find it quite satisfactory.

MISS LOOMIS.—In this connection I would say that we have in Seattle a nurses' directory and we found that we could not carry the experienced nurses. They would say that they were members of the King County Graduate Nurses' Association, and we stopped it.

MISS SHERMAN.—We have found in Rhode Island, or at least we think we did, that we regulate better the abuses of practice by registering experienced nurses. We do not allow them to pose as graduate nurses. We allow them to charge a fee, but not to pose as graduates.

THE PRESIDENT.—We come now to new business. What is your wish in regard to a Committee on Resolutions?

MISS SARAH E. SLY.—I move that a committee of three be appointed by the Chair to draft suitable resolutions.

THE PRESIDENT.—You have heard the suggestion at nearly all of our meetings of the propriety of establishing some memorial to Mrs. Isabel Hampton Robb. I feel sure there is no dissension in regard to the suitability of such an act. The form which this memorial shall take rests, of course, with the two associations, and I consider it a most important question and one that we should give serious consideration. It must be a suitable memorial. It must be something that will commemorate in a suitable way the work which Mrs. Robb stood for; and I should think it wise that a committee be appointed to consider this question very carefully and to make recommendation in regard to it. I will leave the matter now in the hands of the convention and would like a very free expression of opinion in regard to it.

MISS IDA GILES.—I move that a committee of three be appointed to appoint a committee for this work, as it is so important, and I would also suggest that it be appointed by the Chair.

MISS NUTTING.—May I say that the Superintendents' Society appointed a preliminary committee that attended a final meeting and at that meeting the full committee was appointed, I believe five in number, to carry on this particular matter. The preliminary committee has ceased its work.

THE PRESIDENT.—Miss Nixon offers as an amendment that this committee should confer with the Superintendents' Committee in regard to the formation of the final committee.

THE PRESIDENT.—The final motion is that this preliminary committee shall arrange for the formation of a permanent committee, and confer with the committee of the Superintendents' Society in regard to the permanent committee to make recommendations in regard to this memorial. Carried.

Invitations received from Boston, St. Louis, and Chicago to hold the next annual convention of the society in these respective cities were read by the secretary.

THE PRESIDENT.—We never realized until now how desirable we are as guests. I think we shall have great difficulty in deciding how to distribute our conventions.

There is one question I wish to take up this morning, because it is a subject which has lain very near my heart since last year at Minneapolis. There is a responsibility which rests upon you, not upon me nor upon the Executive Committee, but upon this association as a body; and that is the question of our over-worked secretary. I doubt if any of you realize the amount of work that is involved in carrying on this organization. I am sure I had no idea of it, and this last year has been an eye-opener to me. The secretary has an exacting position. She does this work in her moments of leisure. Now we preach good living conditions for people, and yet we have a secretary whom we ask to do our work in her moments of recreation. Now I ask you, as women, if that is

fair? No, it is not. Now let us practice with our own and in our own work the things we preach. We talk about high ideals, high motives, and the good of all, and you have but a few moments ago cheered me when I said it. Now I want to ask you what we shall do in regard to our secretaries.

MISS NUTTING.—Pay her for the work she does.

THE PRESIDENT.—It was recommended to you in the report of the Executive Committee that we divide the work and have an inter-state secretary; but even that means a tremendous amount of work. I am not very good at figures, but I should like to know our membership.

THE SECRETARY.—182 associations, representing 14,997 graduate nurses.

THE PRESIDENT.—The only suggestion which has come to me is that in dividing the work between the secretary and the inter-state secretary possibly we may be able to pay each of these women something, certainly more than we are paying now. If we could employ—now I say employ, for I mean by that command the whole time of—some member of this association for five or six months of the year, when the state societies are holding their meetings, when the alumnae associations are holding their meetings,—if we could pay her a fair salary for these months, and share the expense between the Red Cross (I think I can speak for the Red Cross in regard to it), this association, and the AMERICAN JOURNAL OF NURSING, then we could plan a trip for her which would take her through the largest and most active nursing centres, where she can meet the nurses and present these three subjects.

I would like a motion in regard to the employment of an inter-state secretary for the three associations, if it can be brought about. I cannot speak for the AMERICAN JOURNAL OF NURSING, but I can speak for the Red Cross, I think, rather authoritatively. At least we can express our willingness to co-operate if it can be arranged.

MISS ISABEL McISAAC.—In speaking for the JOURNAL I think I shall have to wait until we come together and consider ways and means. It is a kind of work that we have been wanting to do for the JOURNAL for many years. I hope we can co-operate. I think we can, though I cannot speak officially. We have had a great many applications for speakers from societies to the JOURNAL. They come not to the JOURNAL, many times, but to the editor of the JOURNAL, especially from those rather isolated associations of nurses, in the Middle West and the West more particularly. We had already planned to send our editors to a group of the western state associations this spring. The number of calls we have had from various nursing organizations all over the country has made us feel it is a very good thing for the JOURNAL, as well as being helpful to the different associations.

THE PRESIDENT.—Our previous inter-state secretary is here this morning, and I would like a word from Miss Sly in regard to the work of the inter-state secretary, and the importance of it in the work as she found it among the different states.

MISS SARAH E. SLY.—Speaking from experience, I know of no more important work than that of the inter-state secretary, and I trust that there will be a very definite division of the two kinds of work. There is altogether too much work for one, and I feel that the department needs developing and the work is unlimited. In my report at Richmond two or three years ago I recommended a field secretary, and I believe that this suggestion which has just come from

the Chair, that we have an inter-state secretary for six months of the year, would be quite sufficient, as there would not be very much for her during the summer months. It is from the first of September up to and including about the first of June that the demands in inter-state work are greatest. There is a great deal of work and there are great possibilities. The secretary of the Associated Alumnae cannot follow all that is required of the inter-state secretary.

The state, county, and city associations know what the work of the inter-state secretary has been, not only in answering questions, but in furnishing literature—a bureau of information, practically—doing anything you are called upon to do in the best way you could do it, with the co-operation, of course, of the Executive Board.

MISS ADELAIDE NUTTING.—May I add just one word to what Miss Sly has already said? In the early organization of any society it goes without saying that one depends on volunteer work, and must depend for a certain number of years, until the society has gotten itself into good working order, knows its purposes and plans, and knows its membership and has its plan of work well in hand. It is always, I think, the purpose of a society of this kind of national scope as quickly as it is able to do it, to begin not to depend solely upon volunteer work, but to have some definite, permanent, paid assistants. Confronting, as we are now, certain big issues, and growing to the size that we have grown, with 182 organizations, with an enormous body of graduate nurses all wanting to know more about the work from the central authorities, it seems almost impossible that we should continue to depend upon unpaid work. We are now looking forward to more active work in the JOURNAL, and that would lead to a great deal more correspondence, I think, and a great deal more work. And I would be inclined, if I might have the privilege, to urge very much upon this assemblage that one expense, always to be entertained and considered, and carried on to the very best of our ability, is payment for that kind of work.

MISS KATHARINE DEWITT.—May I say a word about the value to the JOURNAL of such trips as you suggest? I do not think any one can realize, as Miss Palmer and I do at the JOURNAL office, how people come to be very closely in touch with the JOURNAL. Those old subscribers who helped to establish it know how much it means. They write for it, they subscribe for it because it is part of their nursing life. There are hundreds and thousands of the younger members throughout the country who don't know the ancient history of the JOURNAL, and to whom it cannot possibly mean as much as it does to those who carried it on from the beginning. But requests come every month, over and over again, asking whether Miss Palmer cannot come and give a graduating address, or a talk about the JOURNAL, or address an association; and whenever she can accept those invitations, which is all too seldom, because of her duties in the JOURNAL office, which she must fulfil,—whenever she can answer these invitations, there is new love for the JOURNAL in that vicinity, in that city, or that town, or even that state. That is shown not only by the subscriptions that come in, but by news items and articles. The JOURNAL becomes to them a new interest.

When Miss Sly was inter-state secretary she worked just as hard for the JOURNAL as for the inter-state work, and we saw the result from her work. There are parts of the country where she roused interest in the JOURNAL which has never been lost. You don't know how hard it is for us in the JOURNAL

office, when these requests come in, not to be able to meet them because of our duties there; I don't know of anything that would be so tremendously helpful to the JOURNAL as the field secretary.

MISS PEPOON.—We have had experience on the Pacific Coast with results from such trips. Our editor of the *Nurses' Journal of the Pacific Coast*, Miss Cooke, made a great many trips in the interest of the *Journal*. The result of the increased interest in the *Nurses' Journal of the Pacific Coast* has been perfectly marvellous; and not only that, but the interest in the state association work, although that has been, you might say, indirect, has been very, very marked. The nurses have been aroused to organize, and we have gained a great deal from her trips throughout the west.

THE PRESIDENT.—May I ask for a resolution for the employment of an inter-state secretary for five or six months in the year for this association, in connection with the Red Cross and with the JOURNAL, if it can be arranged?

MISS SEIDENSTICKER.—I move that such a secretary be employed. Carried.

THE PRESIDENT.—Before we adjourn I would like the authority of this body for the secretary to send greetings to our members who are absent, whom we all know and love. There is one whose name has not been mentioned in this meeting before, and I should like now to ask that she be included in the resolution in regard to greetings, if it suits you, and that is Miss Linda R. Richards. Miss Richards is one whom we all love to call the first graduate nurse in America. Might we have embodied in one resolution the authority to that effect: that Misses Linda B. Richards, Annie Damer, Sophia Palmer, and Lucy Drown be sent the greetings and good wishes of this society?

MISS GILES.—I move that the secretary be so instructed.

THE PRESIDENT.—May we have the authority of this association to send a cablegram to Miss Florence Nightingale, conveying our greetings and best wishes?

MISS GARRON.—I move that a committee be appointed to send a cablegram to Miss Nightingale. Carried.

MISS RHODES.—A great many nurses are Canadians, but I speak as an American of three hundred years ancestry. I would be very glad to make a motion that some official message of condolence be sent to Queen Alexandra, and I would move that the president have the power to prepare the form of official message of condolence.

Meeting adjourned.

THURSDAY AFTERNOON SESSION

THE PRESIDENT.—We are to take up at this meeting a very important branch of nurses' work,—private nursing. It is with very great pleasure that I turn this session over to Miss Katharine DeWitt, associate editor of the AMERICAN JOURNAL OF NURSING, who has stood for all that is best in this particular branch of our profession.

MISS DEWITT.—Our president has said, this morning, much of what I would like to say about private duty nursing, and has said it much better than I possibly could have done. I hope we, as private duty nurses, will take home to ourselves what she said about our opportunities as teachers of health and hygiene. It is a firm belief of mine that the private duty nurse, as she goes about in the homes of the ignorant rich or the ignorant middle class, is just as important in the campaign for preventive medicine and for better living and

for the prevention of disease and for sanitation, as the district nurse is in her work among the ignorant poor. I should very much like to know how many of the nurses in the room at present are private duty nurses. Will they please rise?

(Fully three-fourths of the audience rose.)

MISS DEWITT.—It certainly is a good proportion.

This is the first time that we have come together as private duty nurses, and we owe this session to the thoughtfulness of the Executive Committee and the Programme Committee, who planned it for us. We are always a little backward in claiming our own, and I think it is characteristic of the private duty nurse that we have not had a session before because we never thought to ask for it. I am sure from the comments that have been made by many nurses in many places that it is appreciated.

SOME ASPECTS OF PRIVATE NURSING

By RUTH BREWSTER SHERMAN, R.N.

Baltimore, Maryland

MADAM PRESIDENT AND THE ASSOCIATION:

THE private nurses of the country wish to express their thanks and appreciation for your action in setting apart this session for them. It is a step in advance which we hope will never be retraced; and we will try to use it to its fullest, as a chance to find out and improve some of those features of the present practice of private nursing which need changing in order to put our work on a better and more ethical professional basis. We know some changes are needed, and that advice from those outside our own ranks, however kindly and helpful, cannot be conclusive. For ourselves we must settle the troubling questions of our lives, and work out our own results from many differing conditions.

From ten years in the private duty field, I conclude that the greatest need of our work is that it be made more uniform and regular in its practice; and this can be done only by the private nurses getting into closer touch with each other and adopting some means of keeping so. Our best means at present is the Letter Department of the AMERICAN JOURNAL OF NURSING, which we hope to see used more freely every month for exchange of experience and opinion. This session is a great advance, and its best object will be gained if it results in an increased enthusiasm and zeal among us everywhere. Do not private nurses need to draw more closely together, not only in the Associated Alumnae but in the individual alumnae associations, to raise the status of private nursing as a branch of the profession, to safeguard their

own interests, and to control the making of registry rules and the setting of those precedents which everywhere govern the local practice of private duty? Is there not among us at present too much of the feeling that private nurses pay the dues but institution nurses attend the meetings and manage the affairs? This is largely true, but the remedy is in our own hands. We need in each alumnae association a strong sub-organization of private nurses who will keep in touch with each other's views and wishes, know when anything touching their interests is coming up in open meeting or in committee, and keep, if necessary, a standing committee large enough to insure some of its members attending meetings and representing the interests of the private duty body. This committee should act with the regular registry committee of the association and no registry rules should be made without its consent and co-operation. This arrangement would promote harmony and would lessen the deplorable but apparently inevitable feeling that the institution and private nurses are in opposition. Many deny that such a feeling exists; they tell us, "the institution nurse of to-day is the private nurse of to-morrow, the interests of one are the interests of all; there is no line between." This is partly true, only partly. We all know that there is a line, and that although many do pass back and forth, yet there stands on each side a large body of earnest women who have found the work for which they are temperamentally fitted and will never exchange it for the other. There *are* two classes, there always will be, and the feeling grows because unrecognized, like fire creeping under leaves and dry grass. Let the private nurses unite to promote the interests of their work and there will be greater good feeling and good will in the alumnae associations. If they are indifferent and careless about attending meetings and insisting on the rights and needs of the private work, naturally they will have no control in their own or other affairs. It takes effort, forethought, planning, and persistence. A little work to ascertain the feeling on points to be discussed, an arrangement that one or more private nurses shall surely attend the association meetings, enough courage to clearly state and defend the views and wishes of the absent, resolution to be heard and recognized, and willingness to insist as much as necessary on the right and requirements of the private nursing body,—given these things we could largely manage our own affairs, put our branch of the profession upon a firmer and more respected basis, and keep pace in our own line with the advance of other forms of nursing.

This closer touch between the two bodies of workers might result in avoiding awkward situations, which sometimes arise from lack of

understanding between the two. A great deal of power lies unused and unrecognized in our hands, because numerically we are the largest of all the nursing bodies, and probably always will be, despite the recent predictions to the contrary.

In this day when the tendency is toward breaking down school lines and making more uniform standards of education, training, and registration, has the time not come for standardizing our various *alumnæ* registry rules and the individual traditions of the graduates of different schools, and making them similar, so that private nursing may be more professionally uniform in its practice in the different states of our country, and nurses travelling or moving from place to place may find less varying customs? If practicable, I would suggest that this session ask the Associated *Alumnæ* to form a committee, partly of private nurses in active practice, who will take this work in hand. They should collect the rules of all existing registries and directories and harmonize them into one set which shall be common to all; but at the same time they should correspond with private nurses everywhere, graduates of schools in every section, and learn from them all the differing customs and traditions of practice which each school to some extent impresses on its graduates; and from these mark out some general plan which can gradually become universal. This is clearly necessary where nurses from several schools are to be united in successful central directories, and this local illustration has a national application. Probably some minor abuses could be abolished with benefit to the nurses and no hardship to the public. Take, for instance, the common request to the registry to "send a nurse at seven o'clock to-night," or "at nine in the morning." To meet this demand with accuracy, the nurse must often lose her own breakfast or dinner, and arrive too late for it in the house to which she goes; while in most ordinary cases a mere suggestion to this effect when the call was received at the registry would result in a satisfactory change of hour. Parallel to this is the usual practice of demanding a nurse at nine, ten, or eleven o'clock at night, for night duty, no matter how hard her own day may have been or how much she may need her night's sleep in order to do good work. Of course we all know there are emergencies—we are speaking now of the usual cases which compose most of our work. If any single registry adopted the rule that night nurses (except in emergency) must be applied for before noon, allowing the nurse to get a good sleep before going to her patient, a better condition would result in its own neighborhood, and other registries be emboldened to take the same wise step, as advantageous to patient as to nurse.

Do not understand me as saying that any of the rules I have suggested should be regarded as inflexible. On the contrary, I believe in each nurse using the greatest freedom of judgment in dealing with her individual cases, and I look for a time when \$30 or \$35 will be the usual rate for wealthy people so that we can nurse the poorer for \$15 or \$20; but I do urge that while such exceptions and adaptations should be left with the nurses in actual work, the general rules for the business side of our lives should be the same in all parts of the country.

Turning from the business to the humanitarian side of nursing, let us look now at some of the questions of our own work which are so subtle as often to pass unrecognized until they become personal, involving so many aspects of right and wrong that we are fain to say with him of old, "Experience is fallacious and judgment difficult." Let me cite some cases taken from life.

An hysterical woman, jealous for the love of a husband whose morals she has reason to doubt, engages a nurse and a few days later discharges her. How far is the nurse justified in warning other nurses against this woman? How far is she justified in keeping silent over the insult to herself?

An attractive widow, personally lovable, engages a nurse to travel with her, and under protection of this chaperonage stays at the same hotels with a man companion, laying herself open to suspicion. Is the nurse to stay (how long?) or leave? and how openly state her reasons?

A man, well known to be rich, engages a nurse while sick in a hotel and refuses to take a second room for her, subjecting her to entirely unnecessary inconvenience, annoyance, and humiliation. The doctor declines to interfere, knowing that if this nurse leaves he can get plenty more.

A woman whose husband is away entertains in her home a man whose standing with her is evident to all. Is the nurse to keep her post, or leave her sick patient in the house, and why?

Shall nurses go from their registries to answer the calls of a physician who is well known as profligate, dissolute, and immoral? The patients need good nurses as much—*much more*—than if in the hands of a good doctor, but how far shall conscientious women help in building up or keeping his practice?

A certain woman who drinks so heavily that reputable doctors who are acquainted with her refuse to attend her, wants a nurse for herself or her child. It means a comfortable engagement—and loss of respect from physicians who happen to know. Perhaps, however, she

really needs a nurse. Possibly this nurse can do something for this woman's soul as well as for her body. Can she go? *Can she refuse?*

A nurse went, late at night, from her registry to a supposed patient in a large hotel. She was met by a well-dressed man who said, "Oh, yes, I'm perfectly well, but a good rubbing will make me go to sleep." He had the grace to blush, however, as he looked at the young woman before him, and went to bed without his rubbing, while the young graduate returned to her room with a new view of her chosen work.

A nurse cares for a patient for a doctor prominent in his town, and later learns, almost beyond doubt, that he steadily performs criminal operations. Shall she answer another call from him in regular practice? And how far shall she protect him by silence to other nurses?

A nurse finished an obstetrical engagement in a prominent family and soon afterwards answered an emergency call to a small suburban home. On arrival she was met by the husband of her first patient; he was also head of the second household and father of the second child. What could, or should, this nurse have done? Are you sure what you would have done?

But the vital point, my friends, is not what you would do, in the experience, worldly wisdom, and self-command gained by your years of work, the vital point is this: *What will the young nurse do?* Fresh from the protecting atmosphere and routine of her hospital, what definite teaching has she received which prepares her for the equivocal situations in which she will often find herself, for the moral decisions which she will have to make unaided? Nor must we forget that the new graduate often has no bank account to support her moral views, and the necessity of earning money for her running expenses may obscure her spiritual vision. These are all actual incidents and the list could be extended much further. These things cannot be settled by discussion or covered by rules; they are things which each nurse must decide for herself when the need arises; what is right in one case may be wrong in another; what may be wise for one nurse to do might be foolish and dangerous and futile for another to attempt. But problems they are, *human* problems, and as much deserving our thought as the questions of a sliding scale or the nursing of people of moderate means.

One thing upon which some concerted action might be possible is the tendency of employers to "look us over" and choose among us. A lady wishes a nurse for a few weeks. Her doctor recommends several, all of whom he knows to be personally acceptable; the lady interviews

them on successive days and finally makes a choice. Often no nurse learns that others than herself are being considered; when we do know it, how far are we to endorse such unethical methods? Does it increase the dignity of our profession for nurses to submit to being looked over as if they were eager rivals for employment? Also, when a nurse is kept for a week or two in a family and then changed for another without the formality of any complaint or reason, dignity and good breeding urge the discharged nurse to silence and speedy departure; many considerations, and perhaps ignorance of the circumstances, lead the second nurse to take the vacant place. Perhaps it is an instance of the inability to "fit in," that crowning virtue in a nurse without which, though she have the gift of technic and understand all mysteries and all knowledge, it profiteth her nothing. But unless some definite reason can be given for a change, does not each nurse weaken the status of our profession by lending herself to such a course? Every such instance makes easier the meting out of such injustice to some other defenceless woman. In most states there is a law protecting the worker from financial loss in such cases; this law has been successfully invoked by nurses, and should be, whenever it can be made to apply, so that rich, idle, fussy women (it is practically always women who do these things) may learn that they cannot pick us up and lay us down like dolls.

I once heard a man say that every doctor should "prescribe" the nurse whom his patient was to employ, while the family and patient should accept the nurse just as unquestionably as "any other prescription." This would be an ideal condition, but there is a lesson in it for us—we would all have to be equally adaptable, tactful, and pleasing.

Another phase of private nursing is difficult to discuss but just as real as these: we have thought and spoken much of late how we can help along the campaign against venereal diseases, and in the better sex teaching of children. We have admitted our duty in urging mothers to properly teach their children, in helping with this teaching, in warning girls and young women against immoral associates and diseased companions. Have we admitted, even to ourselves, that we have a duty also to the pure but fast-developing boy who is under our care; or to the diseased fallen man whom we are engaged to nurse? Perhaps four times in five it is best to keep silent, but what about the fifth time? Perhaps it is a clean moral boy but in daily danger from his own instincts as a boy always is, whom we can strengthen in the right by a timely word or a warm earnest talk over matters which he

wishes to discuss but knows not how. Perhaps a man immoral and profligate but still awake to shame, who can be turned and helped to a new and cleaner life. These are solemn things but sometimes they are given into our hands, and there are nurses who have tried and succeeded. To ignore a responsibility is not to evade it. Remember Ezekiel's dreadful warning, "If thou speak not to warn the wicked from his way, he shall die in his iniquity but his blood will I require *at thy hand*." Remember Solomon's command, "In the morning sow thy seed and in the evening withhold not thy hand, for thou knowest not which shall prosper or whether both shall be good;" and the Divine charge, "Heal the sick *and* preach the gospel." How can we *forget* these things? And if *we* do not recognize the varied responsibilities of our work, *others* do, and will more and more. Not long ago the minister of a large city church sent for a busy private nurse, a member of his flock, and asked, "I have reason to think that —— in my congregation is unfaithful to his wife; have you any knowledge on this point?" Is not this significant? These are things we must consider. Perhaps many of you have had just these experiences; if there is any who has not, let her remember that they may come to her any day, without warning, and call suddenly and imperatively for all the best and strongest that is in her.

It has been said that private nursing is a narrow groove. So it is: so also is the path to heaven narrow. It has also been lately written that "private duty is the lowest form of nursing." Let us not be alarmed by such wild statements. There is no highest or lowest form of nursing; it all depends on the woman. The elevation of our profession will progress exactly with the elevation of the nurses who leave our hospitals. The moral and spiritual training of pupil nurses must in some way be carried on side by side with their technical training, if they are to leave the training school prepared for the difficult, delicate, and complex work of private duty. Scientific knowledge, rightly taught, purifies not coarsens the mind and speech of a woman who is fit to be a nurse, and unless it has this effect the pupil is not fit for graduation, no matter how excellent her work may be. From the first day of training it needs to be emphasized that the growth of the soul is as necessary in the making of a nurse as growth of intellect or even of the "aseptic conscience."

A head nurse who protects the moral atmosphere of her ward as carefully as a good mother does that of her home, helps every man and woman in it. The superintendent who looks after her pupils' characters as faithfully as a Christian minister, is doing more than

making *good* nurses,—she is making *better* nurses. But many graduates begin outside work insufficiently prepared for the pitfalls and surprises which await them; after a few years they are quick to acknowledge this. What can we do to help them at this time? Who helped us when we began? Not the busiest or most successful nurses always; but those who were ready to meet our difficulties half way, who were clean and pure in thought and conversation, who held always the ideals of sweet and gentle Christian womanhood, who taught us to look beyond the business surface of our profession into its human heart. These are the women whose lives shine like stars before us and who lift their work to the highest plane of honorable service.

DISCUSSION

By L. B. DURKEE
Detroit, Michigan

THE private duty nurses of the country most certainly do appreciate the honor which has been conferred upon them as a body, in being given a special session at this convention, and feel that such a session can but be of great value in establishing a status for them. The hardest thing in the world, among nurses, is to get together a representative number of private duty nurses, and the fact that their needs are recognized and that an effort is being made to satisfy them, can but meet with unqualified gratification.

Most of the "problems" which arise in private duty nursing can be settled satisfactorily, and without much difficulty, if the nurse, who feels that a problem is involved in certain situations, will only remember the rules which govern her moral, social, and ethical standards.

The question of whose influence is greater in her alumnae association as, for instance, the control of the alumnae registry, should never arise, for the questions which interest only the private duty nurse, or which involve only her interests, should not be brought up for settlement in a meeting at which the institutional nurses are in a majority. Surely no body of nurses, having the right idea of what is due their fellow nurses, would consider questions involving those who are in another and entirely different line of work, but to say that the institutional nurse has no right to discuss or advise on questions of rules governing the alumnae registry is not wise,—for the institutional nurse is having constantly kept before her the continual need of progress. The institutional nurse, of necessity, sees the outlook for, in her position, she hears constantly of the failure of the private duty nurse "to make good." Patients frequently complain of the private duty nurse; she did do, or did not do, according to their ideas of what is fit and proper for that nurse to do or, not to do. Doctors seeking for nurses to care for their patients,—friends and relatives,—all, at some time or other, have laid their troubles before the institutional nurse and, therefore, she hears more and knows more of the seamy side of the private duty nurses' work than do the private nurses themselves, and she

feels the need of adjustment and regulation as much or more than does the nurse doing exclusively private nursing.

The only place in which this can be done is in the *alumnæ* association, and it is unjust to the institutional nurses to require her to keep strictly out of and away from the affairs which apparently concern only the private nurse. I say "apparently" for it is not true that anything concerning nurses can be of interest to only one branch or class of nurses. *Everything* touching the professional life of any nurse is of interest to *all* nurses. We cannot live to ourselves alone, as we are finding at every turn.

The standardizing of *alumnæ* registries and central directories would appear to be a necessary step in nursing progress, and would be of great benefit to the large number of women who are obliged to locate in cities away from where they were trained. The standardizing of training schools must be followed by an equalization of methods and rules governing all lines of work, and perhaps the time is ripe for the reviewing and revising of rules governing registries and central directories, under the inspection and advice of a committee appointed by this body for that purpose.

The obstetrical nurse and the children's nurse both have a larger field than formerly, and the trained nurse who specializes in either of these lines can be of the greatest educational value in the homes into which she goes. Why nurses refuse obstetrical cases is a great puzzle to the medical man, to the would-be patient, and her friends. To care for the parturient woman,—to watch the tiny babe from its first gasping breath,—to know that she has helped to usher a new soul into the world,—to be the "guide, instructor, and friend" of the mother who is responsible for the being of that soul,—to watch the daily growth of the child's mind, and the unfolding of its little life in all its tiny winsomeness,—all are pleasures which it is impossible to realize that any woman wearing a nurse's uniform would willingly forego. I must also speak of the opportunities for special instruction to the mother as to the care of herself and her other children, as well as the infant in her arms, as here the nurse can properly enter her field of instruction along many household lines.

I will not attempt to quote *verbatim* from the recent address of Dean Russell at the Horace Mann Auditorium, but the impression of one of his remarks, as it was made on my mind, is this: As long as the nurse is doing purely remedial nursing she is necessarily "the physician's hand-maiden," but in the field of *preventive* work the nurse as an educator is recognized as a great factor. The nurse who goes into a family for a long or a short term of duty, and misses an opportunity to instruct that family, or some portion of that family, in hygiene, sanitation, moral prophylaxis, or some one of the many details which daily and hourly come under her observation, has failed in an important mission. The nurse as the public educator is more widely recognized than even one year ago, and these responsibilities will continually grow.

The nurses who have just graduated from their training schools have had this thought impressed upon their minds long before they received their diplomas. But is the older nurse who has been in the field for a number of years shouldering her responsibilities as she should? If so, why is the cry constantly for "new" nurses, the "recent graduate"? Are the older women keeping up with the day? A few of them do, but not all. A few know the most recent nursing text-books, and the newest thought of the medical profession on pre-

ventive hygiene. Can the others hope to be kept "off the shelf," so to speak, where are relegated all "back numbers"? Can the doctor or the patient be blamed if they insist on having a nurse on whose diploma the ink is not yet dry, but whose mind is open to receive new impressions, as well as to impart knowledge, her hands still adept in the most recent technic?

I, myself, would like to know how to deal with the sick jealous wife. A change of nurses is undoubtedly necessary, but as to warning other nurses *against* her,—that is clearly impossible if the woman is sick and needs care.

The "attractive widow," whose only need for a nurse is to act as a chaperon while she is carrying on a dangerous flirtation, should, no matter how "attractive" she may be, nor how large a salary she is willing to pay, be taught that under *no circumstances* will nurses constitute themselves a shield to immorality, nor protect her from the consequences of a flirtation,—if she is not sick and only needs a companion.

In all cases, the safe rule of conduct for the nurse to follow is to answer the call of *human need*. Sickness and suffering cannot be left alone because a nurse has scruples. If the patient cannot be removed to a hospital, or left in competent hands, then the nurse's work is ahead of her. The humanitarian side of the question first:—Can you relieve? Can you comfort? Can you help suffering humanity to bear its burden of pain and misery? If you are morally and spiritually strong, these trials cannot hurt you. If you fail in moral courage or spiritual strength, and do not receive strength from the Source of strength, then step aside and let another take up the work. But sick humanity, under any conditions, *must* be helped.

Our president spoke this morning of the nurse in her relation to social questions;—of the stewardship with which she is invested;—of the peculiar position of the trained nurse, which will allow her, in her womanliness, in her dignity, her purity of mind, to pass the gulf to the submerged under-world, and there, without contamination, without fear or dread, minister to the diseased body, as well as to the unhealthy mind. These things are true, and the private nurse has more responsibility, more is expected of her, more is required of her, than she oftentimes realizes.

As a last word, the phase of private nursing which stands out to-day most distinctly,—the clearest view we are able to obtain of the many, many duties and privileges of private nursing, is that of the nurse as the teacher, and the guide.

If that attitude toward your profession is the one always assumed by you, then private duty nursing will never be summed up in the word salary.

MISS DEWITT.—As to complaints, we know that patients who have a very good nurse with whom they are very much pleased are apt to keep quite still and enjoy her, while those who are so unfortunate as to fall into other hands do not hesitate to tell all their relatives and friends every foible that the nurse possesses. I do not think that because we hear many complaints there are so many nurses who are failing in their duty.

Miss Palmer, in her recent illness, said to me, "When I think how these nurses have been caring for me, how they put their health and their strength and their energy for long hours each day at my service, what skill, what kindness these young women, so fresh and so young, are giving to make me better,—I am filled with indignation to think that people will accept such services and

then find fault; and I am going to have a few things to say about it when I get up."

MISS ELIZABETH SHERMAN.—It seems to me it is not so much the fault of the nurses as it is the high standard that is set for the nurses.

MISS DEWITT.—The next paper on our program is a topic which might well occupy us for the whole afternoon, pro and con: "Special Duty Nurse in the Institution." We all know that there are great bundles of grievances on both sides. I imagine we should have a very lively afternoon if we could have every one in the audience speak her mind, if the superintendents would tell us all about the kind of special nurses they have had in their institutions, and if all the private duty nurses who have been employed in hospitals should tell us about their experiences.

THE PRIVATE DUTY NURSE IN THE INSTITUTION

By CAROLINE CRANDALL FOOTE

Chicago, Ill.

A GRADUATE nurse is supposed to be the finished product of an institution, a representative of that institution's best technic in the general bearing of proficiency, ethically as well as theoretically. As such, her attitude toward her hospital or another while on duty as a special nurse marks her more accurately as a woman than as a nurse.

In finishing the curriculum of the prescribed course, she receives a voucher or declaration of her efficiency in the technical part of her work-to-be, but what institution can protect itself or its patients by giving a diploma for the hundred and one unwritten laws which insure understanding, consideration, charity, and a grasping of innumerable situations which lubricate the smoothly-running machinery of life in and out of the institution? It is in this respect that the woman, not the nurse, shows through the professional veneer of a two or three years' course of training.

As we all know, there are two distinctly different types: the good nurse, who is not the fine woman in the broad sense, and *vice versa*.

In doing private duty in an institution the characteristic which stands for the most in a graduate's success is that of tact, which without doubt is of two-thirds importance in her value to both the institution and herself; tact being the more polite and curtailed interpretation of the law of co-operation, without which she should never attempt institutional nursing.

It is rare indeed in or out of the hospital life to eliminate the impression that most older graduates have, that things are not running, or being managed, as they were at their own time of training, which

only echoes the hackneyed expression of our grandmother's "When I was a girl," etc., and criticism of this character is poor form, to say the least.

The under-graduate, ever quick to note and be impressed by a graduate's attitude, however much she may disapprove,—makes a double responsibility of which the graduate should ever be conscious; living up to the highest ethical standards *for* the nurse in training. The lack of such responsibility is a very frequent impression of a graduate in an institution.

Seniority in the institution, being very like the degrees of rank in the army with its steps of attendant dignity and respect, is materially affected and its discipline broken by bad examples or indifferent conduct of a graduate who does not believe in its cast-iron rules.

It is true that to be ever before the limelight, so to speak, may become a strain which many find too severe, but, however obnoxious, the graduate is an example, either for good or bad, whether she will or no, and as such, *noblesse oblige*.

Two of the most important impressions of a private duty nurse in the institution, are of a tremendous responsibility in upholding one's Alma Mater, and of helping to establish an *Esprit de corps* among women who are bound together in a work which should be an inspiration for the best in all things, and not a commercial investment.

Make life as practical as we may, there is a something in the nursing life which sets it apart from other vocations of women, and where this something is lacking to those who do not understand, it is purely a business transaction.

As to the "many grievances which they think could be remedied," to quote from the request for this paper, it always seems a cry from a monument of neglected opportunities, a wail of the inefficient and self-pitying in the world.

We know there are institutions where the bodily comforts and the considerations of perhaps the average private duty case outside the hospital is absent, where no thought of quiet and rest to fagged brains and bodies of graduates is considered more than in a most primitive way, yet we believe it is the exception rather than the rule in our largest and best-known hospitals.

However, the graduate nurse may weigh the pro's and con's for and against the institutional work, selecting that which is not found wanting in the balance.

For the future, how much of the work in institutions the graduate nurse will be called upon to do, will depend much upon her attitude towards the hospital, in her example for good even against her skill as a nurse.

The inestimable value of coming in contact with the best-known and most skilled professional men of the times, also of becoming familiar with new methods, an utter impossibility unless one is at times in a hospital, must be realized by the graduate in keeping pace with her work; otherwise a professional suicide.

If one's training and experiences in life make it unbearable to conform with the rules and regulations, to the letter, of institutional life, it were much better never to accept hospital calls—thus avoiding a pernicious influence and deplorable example for the hospital heads to combat.

MISS DEWITT.—I think there are present some private duty nurses who do a good deal of special work in hospitals, who can speak on the side of the private duty nurse in the hospital, or perhaps some superintendents who have had in their hospitals a private duty nurse of the right kind, who has been an inspiration to her student nurses. How good it would be to hear that side.

MISS ISABEL MCISAAC.—It has been a good many years since I have been a superintendent and came in contact with nurses who came in for private duty, but as I recollect it, there were many more who did good work and were an inspiration than those that were of the other kind. Those who were an inspiration and an example to the younger nurses far outnumbered those who were not. I may have forgotten them, as we do forget unpleasant things as we grow older, still I am sure that the good ones far outnumbered the others.

MISS DEWITT.—Is there any superintendent or head nurse who could suggest some ways in which the special duty nurse in the hospital could be particularly helpful? Very often a nurse who goes on duty in a hospital would be glad to co-operate and glad to help, but she is a little slow and does not see her opportunities for herself.

MISS SMITH.—We would be very glad to have the special nurse a little more careful in her conversation. She has more time to herself and a less variety of things to think about, and if she could be a little careful, she has splendid opportunities for contributing little suggestions by way of refraining from shop talk, particularly.

MISS DEWITT.—That is a good suggestion to work upon. We hear of private duty nurses who go into hospitals on special duty, who have learned new ways in their own practice outside, little practical ways of doing things that have not crept into the hospital, because the nurses have learned them by adapting themselves to circumstances. If they share this knowledge with the student nurses, it may prove something very desirable to them as they go out.

I know when I used to be on duty in a hospital, as I was occasionally, it never failed that the student nurses would gather about me as we met at meals or in the halls and say, "Now do tell us what private duty is like." That is such a tremendous opportunity for helping them, an opportunity that we all ought to be so glad of. And, on the other hand, there is so much that the student nurses could tell us. There is something new, even if you have been in that hospital only six months before; and if we go into a hospital with the idea of wanting to give all we can that is helpful to others, as well as eager to learn, it may be made a most happy association, and not one giving rise to discord.

The third paper on our program is on nursing in rural homes. I think the nurse whose work lies largely in the city has no idea of the interesting problems of the nurse who goes into a farm-house and finds conditions all awry, conditions as bad as those of the city tenements,—where the people have all the windows nailed down, and the food consists of hot bread and salt pork. The nurse who does a good deal of country nursing is to my mind a very courageous and splendid person. The district nurse can go into the slums and work among the people, but she does not have to live with them. She can go home and take a bath and make herself decent and comfortable, but the nurse who goes into the homes of ignorant country people and lives with them for six or eight weeks at a time, on a hard case, does all kinds of work without adequate rest, and lives in unhygienic surroundings. She has to make most tactful suggestions as to the way of living,—here is a tremendous field of usefulness.

THE PRIVATE DUTY NURSE IN THE RURAL HOME

By MARGARET A. PEPOON
San Diego, Cal.

DOES nursing in the rural home differ from private nursing in the city? Is illness the same in town and country? Are conditions of living different? Is the attitude of the family toward the nurse different? It is impossible to generalize. So many different conditions exist in different sections and in different degrees of prosperity that if any statement were made in regard to nursing in the country numerous exceptions could be taken.

For instance, nurses as a rule think of rural work as service involving unusual sacrifice of personal convenience and of difficulty in ob-

taining comfort for the patient; yet some of us can remember country cases like the following:

The patient in a large airy room, bath-room with hot and cold water next door, kitchen on the same floor, pleasant room for the nurse near by, telephone, electricity, gas, and all modern conveniences, the family willing to buy all things desired for the patient, and more than anxious to relieve the nurse for sleep and recreation, and to place the whole beautiful home at her disposal as though she were an honored guest; beautiful lawns, gardens, conservatory, library, automobiles, and a grand piano.

On the other hand, it would be impossible for the visiting nurses of New York City to cite cases of greater difficulty in obtaining the essentials needed for the care of the sick than can be found in some of our mining districts, where wee tots, reading in the second reader, are taken from school and put to work in the mines, where little children have never seen a nightgown till the nurse, from somewhere or other, secures one for the patient, where ignorance is so dense that the well members of the family take the rest of the patient's bottle of medicine (when the doctor changes remedies) so as not to waste any of it; where the whole library of the home consists of an almanac.

Poverty is not the only foe the nurse must combat in the destitute home; stinginess is an even greater difficulty. In sections settled by the thrifty immigrant, ideas of expenditure founded on experience in the cheap living conditions of the old world cause the small farmers to deprive their families of all luxuries, and many things Americans deem necessities, in order to pay for the land. This is often a desperate struggle; the extra money to pay the nurse and buy what the patient needs is begrudged. In these homes one finds the little girls without drawers in the depth of winter and the whole family sleeping in unheated rooms, though the bed-rooms are so cold that the moisture of the breath forms frost on the edge of the bedcovers.

In such families the nurse finds it difficult to obtain a decent cup of coffee for her patient, because the coffee grounds are boiled over and over for economy's sake; even the children exclaim about waste if the nurse drops the soap into the baby's bath water, and the remains of the patient's meal are taken from the tray and eaten by the family. On wash day, the clothes are dried on branches of trees to save buying a clothes-line, and the nurse must devise some scheme for airing the patient's bedding.

Mrs. Anna L. Schroeder, in the *Nurse's Journal of the Pacific Coast*, describes her experiences in caring for a diphtheria case in such a

country home. In speaking of her arrival, she says, "If I should live to be a thousand years old, I should never forget the sight that met my eyes nor the stench that filled my nostrils. The members of the family were sitting up around the fire. The room was 12 x 14, with very little chance for ventilation, and contained two beds. After the little girl died, they had been afraid to lie down. The little putrid body had lain in the bed with them for six hours." She had been told that they were well-to-do farmers and could get anything she asked for if she insisted, yet the oldest boy had no night-shirt and she put one of her own gowns upon him the first night. There was no toilet of any kind and until the nurse came the diphtheria-infected excreta had been emptied upon the hillside to be washed into the nearest stream.

In these days when telephone, automobile service, gas, electricity, good plumbing, and good sanitation are available by those who have means in every community, the care of the wealthy patient is practically the same in town and country. In nursing the destitute, the problem is similar to what it was in the city before district nursing made it possible for the municipality to care for its sick poor. Can district nursing be carried on successfully in the small town and the real country? Has it been a success where it has been tried, if so, under what conditions? If it is not practical for ordinary country life what other form of organized effort is to care for our rural poor who *cannot* or *will not* go to the county hospital? These are questions of vital interest to all engaged in private work in the country and might be discussed with profit.

Perhaps it is in caring for the middle class that one finds the greatest difference between city and country practice. In town, this class of people who live comfortably and spend freely, is willing to employ a nurse when needed, and begrudges neither her wages nor anything that adds to the patient's comfort. In the country, these people as a class are more economical, and more conservative, inclined to look with suspicion on a woman who demands large wages for doing work the responsibility and importance of which they do not understand. They are busy people who have no time to relieve a nurse for her rest, accustomed to do without things which she may consider essential, and apt to expect her to do the same; and the nurse is lucky if they do not include the patient in the same programme of self-sacrifice.

In such a rural home a nurse of large stature slept nearly a week curled up in a baby's bed. As she was not relieved in the day time, and her only rest was in the baby's bed, the case proved pretty wearing. The excuse for this proceeding was that the men were husking corn

and unable to take time to drive to the neighbor's to borrow a cot bed.

Another case is told of a worn-out mother who went to bed when the nurse was secured, and the latter had to care for the two patients, cook for them, and also for herself, and obtain what rest she could in a Morris chair, as the only beds in the house were occupied by her patients. No provision was made for relieving her and when she asked for a bed she was told "we have no more beds." The idea of securing one did not occur to the mother.

It is almost impossible to realize what a godsend the arrival of a nurse is to a family caring for their own ill in an isolated location. In a home where the eldest boy was ill, the other children followed the nurse about, watching her every movement, and anticipating her least wish, each one anxious to fetch and carry for her, feeling her starched apron and admiring her cap and uniform with as rapt an expression as though an angel had come into their midst. . . . The influence of the nurse upon the children of the rural home is boundless.

Such a comfort to the mother to have some one to talk to in the long weeks when the usual country quiet is made more lonely by the doctor's strict orders "No company!" Such a relief for the home-keeper to drop the awful burden of responsibility—a burden heavy enough in town, with near neighbors to sympathize and help and the doctor near by—but in scattered country homes increased many fold! The importance of the nurse's mental and spiritual influence can hardly be exaggerated.

As to improvement in hygienic conditions one must *see* in order to *believe* the changes that have been wrought by a nurse's precept and example. Much has been written about what she can do to secure better ventilation, drainage, disinfection, good drinking water, pure milk, well cooked food, healthful dress, and intelligent care of the body.

Bright people often do dangerous things simply because their attention has never been called to the danger. A suggestion is often sufficient in such cases as the following: the indiscriminate use of carbolic acid, the habit of cutting corns or lancing boils with a dirty pocket knife, the common practice of stopping the drinking of water as soon as any symptom of kidney or bladder irritation arises.

Nowadays one expects to find every one informed as to the need of keeping a patient with a high temperature as cool as possible, yet a nurse tells of finding a little boy with a temperature of over 103°, in a bed drawn up near the fire, a long heavy flannel night-shirt completely covering him. The mother explained that the child had never worn night-shirts before, but one of the neighbors had insisted upon

getting them for him. When the nurse removed the night-shirt she found underneath a heavy drilling shirt, and underneath that woollen undershirt and drawers.

A nurse who thought everyone knew something about tuberculosis was thunderstruck at the conditions she found upon going to a country town to care for a case of tubercular pleurisy in a wealthy family. When she entered the room, which was so dark she could not see the patient, the odor was almost unbearable. Every door and window was shut tight, the shades drawn, and screens placed before every crack. A velvet carpet covered the floor. The patient, wearing a flannel shirt under her night-gown, and lying on a feather bed, was running a temperature of 103° plus.

The habit of doping is one against which a nurse can often enter a protest. Not only the patent medicine evil, but the custom in some families of keeping a "doctor book" and doctoring the family from the book will often be undermined by a line of thinking suggested by the nurse. Some member of the family develops a slight ailment. The nurse, supposed to be a walking doctor book, is consulted. "What had I better take?" Here is an unsolicited chance to use one's influence against the terrible habit of taking medicine for every ill.

The *need* for the well-trained nurse in the rural home is *very great*; the *demand* is *very small*, because the people cannot see the difference between skilled and unskilled labor in this profession and they will not make any sacrifice to secure what they do not appreciate. We must create a demand for the best, not only for our own sakes, because the number of nurses is increasing, and many cities are overcrowded with nurses, but because the country people need us. The people of Macedonia *needed Paul* though *they did not want him* and when he heard in a vision the voice crying "Come over into Macedonia and help us" he went, even though they cast him into prison upon his arrival.

The nurse who enters the field of rural nursing must turn her back on many things which she holds dear; must perhaps fight for every step in advance, but the road she takes, though steep and narrow, leads through the gate over which are written the letters that spell the name of what we are all seeking, *Opportunity*.

MISS DEWITT.—Miss Pepoon has covered the ground so well that we can do better without the formal discussion of the paper; but I know that all of you, especially those who were at the Associated Alumnae meeting in Richmond, where Miss Cocke was chairman of the Committee on Arrangements, will be sorry to hear that she, who was to have led this discussion, was taken ill in Washington and has not arrived. I hope some one in the audience who has

wrestled with particularly bad rural conditions and has come out triumphant will tell us about it.

MRS. MORRISON.—I am from Oklahoma, but I am a New York graduate. I had a case a short time ago in a three-roomed house. It was a case of tuberculosis. The mother had had pneumonia, with tubercular trouble; you all know how it would terminate. She was the mother of eight children, with four step-children. They were living, as I say, in three rooms, with four visitors, members of the family. So you can imagine how they lived and what accommodations I had. Of course I would do anything I could for my patient. I was there three weeks, at the end of which time my patient died. I found it had been the habit of that family to tuck themselves into very close quarters. They were all afraid of the night air. They seemed to think it dangerous. Before I left, I convinced them that the night air, fresh air at any time, was what they needed. The husband, when I left, told me that he never had feared tuberculosis as he did after his wife's death, he never thought there would be any harm in it; but he said that if it was necessary he should touch a match to the house and burn it down. The house was very thoroughly fumigated. I did nothing but talk fresh air all the three weeks I was there. Every one that came into the house, children and all, thought it was dreadful—it was in cold weather, as cold as they have in Oklahoma—that I had the windows wide open. I just talked fresh air to every one, and I know that if I didn't do any good with any other family except this one, I *did* help them in the way of knowing what fresh air meant.

I find a great many such places. I went from a hotel, where I had every convenience, and my next case, four hours afterwards, was out in the country, in a log house with two rooms, where there were no conveniences at all. We find those all through the west. I do not mean to say that all of the cases are of that kind, because we have some very fine places to go to, but I have a great deal of rural work. The cities supply the nurses. Most of the nurses in Oklahoma come from other states and we have no large training schools there as yet. The country doctors send into the large cities for their nurses, when they can persuade the patients they must have them, so we have a great deal of rural work in that state.

MISS DEWITT.—That is true missionary nursing and leads us by the most natural step in the world to our next subject on the program, "Missionary Nursing," which I asked particularly to have considered at this convention, because in the JOURNAL office we are having, month after month, the most urgent pleas for missionary nurses, of all denominations, Protestant and Catholic, and we cannot find them to recommend to those who ask for them. They turn to us, thinking that we will know. We can publish the appeal, but we don't know where to find the nurses. I am convinced that the reason is, not that we have not nurses of missionary spirit, but because nurses do not know the demand there is for them on the mission field. As medical work is being more thoroughly established in the different countries, doctors need women nurses to go in and work with them. To-day we have with us two who have done actual missionary work, and they are going to tell us something about it. I think they will inspire some of our members to go into that work, because we want to help those who need us there as well as those who need us here. We do not want to have it true in any part of the world that nurses are needed and are found wanting.

OPPORTUNITIES FOR NURSING IN CHINA

By SADA C. TOMLINSON

Anking, China

IN the few minutes in which I may speak to you, I want to tell you of the great opportunity for, and the great need of, the trained nurse in the foreign mission field, to interest you, if I can, in missions. To do this, I must speak to you of the only portion of the foreign mission field of which I have any practical knowledge, which is China.

You've all doubtless heard a great deal of the awakening of China, heard her characterized as a monster, stretching herself and opening her eyes after sleeping a thousand years. You may know that her people call her "Djung Gueh," which means the middle kingdom, and in former times thought of her as enclosed in a huge circle, touching on all sides the extreme limit of a square, flat world, leaving four small corners, "Mai Gueh" or outside kingdoms, inhabited by barbarians, and as long as China retains her present mode of writing and her ancient literature, just so long will she continue to consider all westerners as barbarians, from a literary standpoint, as possessing that only too utterly new to be of any real value.

But during the last ten years, the student class of China has been rapidly opening its eyes to the fact that there are other pursuits than the literary, worthy of their attention. China is calling in men from our great colleges and from England to teach the young men in her government schools—modern languages, chemistry, athletics—she is calling in foreigners to instruct her officers and drill her armies. These facts are due to many sources, but largely, though often indirectly, to the army of foreign workers within the empire, laboring unceasingly to broaden and give direction to her awakening energies. Travel among the upper classes is growing to be as much the vogue as it was the vogue fifty years ago not to know of anything outside the Chinese Empire.

Hand in hand with this progress has come the building of hospitals, more or less on the plan of hospitals of this country to-day. These hospitals are monuments to the tireless energy of a few physicians. They were built for the most part by money given in this country, by people who believed, as did the physicians, that if hospitals were placed where the need is so dire, there would be those willing and anxious

to go out and man them, making them the efficient weapons they should be against ignorance and disease—an educational and beneficent influence to all who come within their radius.

The question before the medical and nursing professions of China to-day, is—was their belief justifiable? There are a great many good people in China, on a far higher plane spiritually than we are (unless this assembly differs vastly from most assemblies of nurses), and these people are largely of the old and tried, who have been in China at least 10 or 15 years—they believe that their motto is “The greatest good to the greatest number”—by which I gather that they mean, we must do the most we can for the greatest possible number of patients, even to the detriment of the quality of our work, and if you try to find out how they *dare* to do less well than they know, they will reply, “But think how superior our poorest attempts are to anything they have ever had.”

Quite true, for before the foreigners brought it, there was no such thing as surgery in China, and their doctors are the veriest of “medicine men,” filling their patients with ground glass for indigestion, and thrusting red hot needles into the eyeballs for some trifling eye disease: but what of these people who are willing to give less than their best? The fact is, most of them are daily giving of the best, but they are willing, for the sake of what seems to them expediency, to have us of the medical profession give less than our best. Among people of this way of thinking are a few doctors who have been in China many years.

Is it that they see too many obstacles in the way? They are not the men to stop at obstacles. Have they forgotten the strides their profession makes yearly? Is it that they themselves have fallen behind and grown careless, that they underestimate the value of—well, asepsis for instance? Yet it is due to the superhuman efforts of these very men that we now are able to begin the work as it should be done. Please remember I did not say all the doctors who have been many years in China are of this mind; they are not, I am glad to say. We can only wonder how they keep abreast as they do; we know it means every vacation or furlough spent in Vienna, Berlin, England, or this country—not in rest but *work*.

We are not to-day the pioneers of the medical profession in China, though we may be the pioneers of the hospitals conducted on the American plan, and of the training of the student class in the profession of nursing.

But if these veteran workers are right—then the time has not

come to train native nurses for China. I need scarcely present to you the result of turning out upon any country (least of all a country in a state of ferment that China is in to-day) an army of slip-shod, careless nurses, in their turn to instruct nurses certainly not less careless and slip-shod.

But there is in China a small number of doctors and nurses who believe that the time has come to give nursing as a profession to the student class in China—the very magnitude of the work demands it—and if this is the case, the best we can send is not too good. This small company also believes that its motto is “The greatest good to the greatest number,” ultimately. In several hospitals, more or less, I should say less, successful attempts have been made to train the lower classes as nurses. In St. James Hospital, Anking, on the Yantse River (where I have been for the past two years) has been made the first attempt, so far as I know, in Central China, to establish a training school in connection with the hospital, thus giving nursing as a profession to the student class of mandarin-speaking men and women. I think I may say so far it has not been unsuccessful. In the next five years it should prove a success, and will doubtless be adopted by all the hospitals. If the profession is to claim and hold the best of the student class, it will be through the services of nurses, the best our hospitals can train,—capable, attractive, adaptable women, who know what it is to fight, and love it—who are not afraid to meet difficulty and overcome it.

If now we can give nursing to the student class of China, we will give our profession in the Empire a forward impetus of a hundred years at least; for if now the profession is given to the lower class, the evolution by which it will come to its own will be painful and slow,—how long will China have to look for a Nightingale?

The standard of good work has already been raised there. I know of one nurse from Blockley, Philadelphia. She is doing splendid work. She has been doing the work, nominally, of two women—it should be allotted to three. How long can she keep on if nobody goes out to help her? I don't know. What will she do? Will she be content to lower her standard of work and give less than her best because of the great pressure on her? I think not. Will she give up and come home rather than give less than her best? Maybe so. Will she drop at her work, or, worse, ruin her health? Will we let her? Will you and I miss such an opportunity? I know a nurse from my own school (Boston City), a Johns Hopkins nurse, a Roosevelt nurse, a Wellesley woman in the Yale mission—she is still contending with the

language. In a year she will open, on American lines, Dr. Hume's Hospital at Chang Sha, where the Yale mission is located. How long before she'll be begging for an assistant? You can't teach in practice and theory, direct the training school, know about every patient and inspect every corner in the hospital, and be the operating-room nurse, and do it all well!

People say, "There's so much to do here, why not do it first?" Just because in the attitude of China at present there is an opportunity that will not wait; it must be grasped now, or in a few years it will have gone on to the place of lost opportunity, another witness to selfishness and neglect.

A friend was asking me of my work, and I said, "Oh, it's really a big situation to be slung, and of course it's fun to sling it." She said, "But why can't you do the little thing so close, instead of going way out there?" Well, the thing I'm trying to do just now is to help the people who have said, "We will crush tuberculosis out of our land," and it is n't in any sense little, but, this country once thoroughly aroused to its danger, how long will it take? Some people say—years. How many are there prepared to fight, compared with those equipped to intelligently fight in China?

In the United States are 90 million;—in China 400 million.

In the United States are 152,000 physicians and surgeons; in China, 207 men and 93 women doctors.

Many people here are superintendents of great training schools—you can't go out there—I'd be the last to want you to; some of you are an inspiration daily to every nurse who works under you, but you might find ways to let your nurses *know*,—you want them to be broad, you might have people let them know—what their profession is doing in foreign lands.

"But these people have their religions." There are Confucianists, and Buddhists, and Mohammedans—yes, they have—and Buddhism and Mohammedanism and that splendid moral code of Confucius are, I believe, that salt that has saved China.

But are they affecting the life of China to-day? No, they are not. They've done their work, and they are dead. Have we nothing to give China more vital to take their place?

People will say, "Oh, it is all right to give them medical aid—but Christianity, I don't believe in it." Oh, don't you? Go out then, and look at the women and the little children in China, and maybe you'll feel that you'd like to give them something. Have you something better than Christianity? The people who say these things are

products of Christianity—owe everything they are, every humane instinct they have, to Christianity.

I heard a preacher in St. Paul not long ago say that there was only one sin—I had n't been listening to a word he had been saying, but that sentence caught my attention—I knew before he spoke the word—it was “selfishness.” I'd never thought of it—everything is traceable to it.

Many of you can't go. I know it. Some of you maybe can. Do you think it would be interesting? Don't you think it would be worth while? If you do, look into it. Come over into Macedonia and help us.

MISS DEWITT.—I wish Miss Tomlinson could speak in every training school in the country. I do not believe people would be begging in vain for missionary nurses. I wish some of the superintendents who would like to have their nurses hear such an appeal would write to the Church Mission Rooms in New York and see if they could not get her.

MISS R. B. TOUPET.—Do the nurses have any special religious service to perform?

MISS TOMLINSON.—They may in some missions. We have quite as much as we can possibly do with our own work. Of course there is never any telling. As soon as you speak the Chinese language well enough, then people will ask you questions. It is as little as you can do to answer. It would be absolutely impossible in a big hospital where you are unable to speak Chinese. I believe in some missions nurses vary very largely from what I do myself. I myself could not preach it; if I can live it, I shall be very glad.

MISS R. B. TOUPET.—Many of the letters that we have from missionary nurses also refer to their nursing work as being preparatory to some spiritual work.

MISS TOMLINSON.—I don't know. It may be so. There is a lot I don't know.

THE AWAKENING WORLD

By SAMUEL M. ZWEMER, D.D., F.R.G.S.

Arabia

MADAM PRESIDENT AND MEMBERS: After having been under the tutelage of a trained nurse for fourteen years, who was a graduate of a training institution and did post-graduate work at Sydney, and then went out to Arabia as the first white woman to begin work among the Arab women, and with whom I helped to fight one campaign against plague and two against cholera, I have less hesitation in speaking to this convention. If any one has admiration for the profession of nurse, I am sure all your foreign missionaries have.

There was a time when the emphasis in missions was on the theological note, when the preachers spoke of the “heathen,” as we

then called them, the non-Christians, as without Christ, without hope, and without God. We cannot abolish that statement, but the emphasis to-day is on the sociological note; and I am willing to make out a case for the non-Christian world by saying that they are without soap, without civilization, without schools, without hospitals; and in so doing I believe I only bring back the emphasis where my Master and yours put it nineteen hundred years ago, when He based the whole of Christian service on the sociological note—"I was sick and ye visited me."

And the first point I want to make, I am sure you will all admit, is this: that the horizon of opportunity for American nurses and physicians is not limited by the boundaries of these forty-four states and territories, but that the real horizon for American nurses is as wide as the world. There are to-day four hundred missionary hospitals and seven hundred and eighty-three dispensaries, so called, and these dispensaries are a sort of out-door annex to the largest hospitals. In the four hundred hospitals there are treated every year no less than 8,556 in-patients and no less than 6,444,000 out-patients, by American nurses and physicians. You will find these hospitals located on the Congo, the Nile, the Niger, in the wilds of Africa, north, south, east, and west, in the heart of Asia, India, China, Japan, and in every Moslem land. They are there because there was some American physician or some American nurse who saw greater opportunity and greater need at the antipodes and went in obedience to Christ.

Before I speak of the present opportunities for missionary nurses of all sorts, I want to read a list of the actual needs. To-day there are twenty nurses desired to sail before October or November on the part of these missionary boards: The Protestant Episcopal Society wants four trained nurses for China and the Philippines; the Baptists, two for East China; others are needed for Africa, Arabia, and India by various boards; while the American Board desires no less than four for Turkey, and two for China and the Philippine Islands.

These scores of opportunities are simply typical, and as candidate secretary of the Student Volunteer Movement for the last three years, while on furlough, and now going back to my field in Arabia, I want to assure you that new appeals are coming in continually; and that we can place, perhaps, throughout all the mission fields of the churches, more than forty or fifty trained nurses every year.

I think the qualifications required of trained nurses are simply their professional ability, Christian character, together with a Christian courage and tact and willingness to work with others and win others in the spirit of self-sacrifice.

Now there are three reasons why you should open your eyes to these opportunities. First, I think the main reason is that of the unity of the world. The time has passed when you can divide the human race or the map into water-tight compartments. We are all one. As Joseph Cook said, "The nineteenth century made the whole world one neighborhood; the twentieth century will make the whole world one brotherhood." Our daily newspaper joins together by lines of humanity and of service in a common plea for the suffering and sorrow of those that need us. Not only the daily press but the consciousness of the human race and the advancement of science has proved beyond the shadow of a doubt what the Bible tells us, that "God made of one blood every nation to dwell on the face of the whole earth." You cannot tell by microscopic tests, or any scientific test, the least distinction in blood between the different races of the great human family. If the seismograph in Washington registers an earthquake in China or Japan, then the seismograph of human sympathy registers in New York or Philadelphia the famine of India and the massacres at Adana in Turkey, and the persecution of our Jewish brethren in Russia. And you have no right to limit your horizon as nurses by a mere provincialism of professional training as if you were only American nurses. The whole world is your field of labor.

I love those words of the Roman Catholic poet, Father Tabb, who died some months ago in Baltimore:

"A Little Boy of heavenly birth
But far from home to-day,
Comes down to find His ball, the earth,
Which sin has cast away;
Oh, brothers, let us one and all
Join in to get Him back His ball."

And if you and I can get the conception of the real unity of the human race, then we will never more have the conception that because we are white we are better than anybody else.

In Harper's Weekly a few years ago there appeared a poem which I think is worth reading from. It was called "The White Slave's Cry."

"We are the chosen people
Look at the hue of our skins.
Others are black or yellow;
That is because of their sins.

“ We are the heirs of the ages,
Masters of every race;
Proving our right and title
By the bullet's saving grace;

“ Slaying the naked red man,
Making the black one our slave;
Flaunting our color in triumph
Over a world-wide grave.

“ Indian, Maori and Zulu,
Red man and yellow and black,
White are their bones wherever
They met with the white wolf's pack.

“ We are the Chosen People,—
Whatever we do is right,—
Feared as men fear the leper,
Whose skin, like our own, is white.”

That is keen sarcasm, but you cannot read the story of the American Indian or the story of China or the story of Africa without feeling that in the sarcasm rings a note of conviction and sober truth.

Now the foreign missions, if you choose to call them such, give the lie to that sentiment and make the responsibility of service world-wide. The unity of the race is the first reason why we should give our lives in service to China as well as to America.

In a sense I suppose every nurse is a missionary. I am sure of one thing: every missionary, *nolens volens*, has to be a nurse; and alas! we are not trained for the business.

The second plea for missions is the plea of opportunity. Can you point out a single country where you would not be welcome to-day as a nurse? You cannot point out on the map any place in the non-Christian world where you would not be welcome as a nurse, a physician, or a teacher of hygiene and nursing.

I helped draw the plans for the first hospital ever built on the east coast of Arabia. To-day that hospital at Bahrein has two doctors in charge and last year they had 17,800 patients. We are building a second hospital at Muscat, Arabia, and one at Busrah. Along a coast line of a thousand miles there are these three places, and three only, where a sick man or a sick woman or a sick child can receive scientific treatment. In the whole of Arabia, with a population of eight million

souls, there are this afternoon possibly less than a score of physicians, counting both government doctors and missionaries, for the population of eight million. You can find whole countries like Afghanistan and Tibet and Chinese Turkestan and Bokhara, the great Sudan and Somaliland, where there is not a hospital in the entire country. If you wish to gain a sense of proportion draw a hospital map of Ohio or New York and then draw a hospital map of China or Africa. That will show you the places where there is a chance for service to humanity.

Everywhere abroad there is opportunity. Japan to-day is leading the whole Orient. Japan perhaps no longer needs physicians, because missionaries have introduced medical learning into Japan. China, with its four hundred millions, has made its plea to-day before you by one of its missionaries; and when I think of China I think of what Lincoln said of the "common people": "God must love the common people, because he made so many of them." God must have loved the Chinese, because there are so many of them—one-fourth of the race.

Who can help feeling indignant when the press talks about "rice Christians in China? Why, the Chinese Christians are our examples in unselfishness and devotion. Tens of thousands were cut down in the Boxer uprising. They know their new religion; they love their new religious people. And like that Korean Christian who had to learn the Sermon on the Mount, after failing twice came back the third time and said he had learned it. "How have you learned it?" He said, "I could not learn it from the book, but I practised it on the heathen Koreans until now I know it by heart." That is the way they apply truth.

The non-Christian world suffers the horrors of ignorant superstition and quackery, absolutely without value to the patient. They prepare talismans to ward off sickness when smallpox ravages among the children and cholera is prevalent in the cities,—cities where the common water supply and common sewer are the same stream! Busrah has eighty thousand people and not a mile of sewer-pipe; in Teheran and Tabriz, Persia, nearly the same conditions prevail. Think of the opportunity throughout the whole field. You cannot mention a single country in the non-Christian world or read a single book of travel on that country without feeling there is surely great opportunity for the trained nurse.

I read a recent book on Somaliland, a journey of two women hunting for big game in that great country and they say: "We are not physicians, but to-day we tried to minister to a poor woman with

a high fever. We are not physicians, but to-day they brought to us a man who had his leg broken and who came a distance of ten or twelve days' journey with a caravan." The whole world is crying out for physicians and nurses. Shall we answer them?

It is not only the cry of opportunity but the cry of importunity. Let me read the testimony of a woman physician who went to Arabia:

"During my two weeks here we have had twenty operations on the eye, one amputation, the removal of a large tumor, and numerous teeth extractions. In medicine we have had pleurisy, pneumonia, tuberculosis, tetanus, smallpox, leprosy, paraplegia, different varieties of heart lesions, and other interesting cases. In gynæcology we have had the usual run of inflammations and displacements, with atresia for a specialty.

"One of the peculiarities of the people here is that they never present themselves for treatment until the disease is far advanced, but of course there is an excuse for them in some cases, as they may have suffered for years before there was a hospital to come to. About seventy-five per cent. of the people seem to have eye-trouble of some sort. Trachoma, trichiasis, ulceration, and opacity are the commonest forms; yet inside a week one meets everything from simple opthalmia to panophthalmitis. In fact, one would have to be a specialist in every branch of medicine and surgery to do justice to the amount and range of material which presents itself."

Statistics tell us there are a million blind people in Egypt, half blind or totally blind, and conditions are no better in China or Persia.

Think of the possibilities of teaching hygiene in countries where they have never learned the very first principles of cleanliness. Think of the possibilities of doing your very best, and, if you please, incidentally, if in no other way, being a living example of that great and first missionary who went about doing good, opening the eyes of the blind and healing the lepers.

Believe me, there are only three possible investments of life, mine and yours; and Jesus Christ, whom we all respect, whatever our creed, the great Lord and Master of us all, has put it down so simply that all can understand. Hear his parable: "Neither do men light a candle and put it under a bushel, or under a bed, but on a candlestick." The bushel is the symbol of gain, from Shanghai to Chicago. The bed is the symbol of ease, from Patagonia to Alaska; and the candlestick is the symbol of service. Physicians, trained nurses, and every one who has a special talent for service, are deliberately every day putting their lamps under a bushel, under a bed, or on a candlestick. Where shall yours be put?

I had a little girl in Arabia who used to go into the hospital there and sing to the patients; she now sings with the angels. The song she sang most of all and most sweetly was this:

“Jesus bids us shine
With a clear, pure light,
Like a little candle
Burning in the night.”

In this world of darkness he bids us shine. Shall we do it?

MISS DEWITT.—I want to say about Dr. Zwemer what I did about Miss Tomlinson. I think if any one wanted very much to have her pupil nurses hear him she could manage it by communicating with him at the rooms of the Student Volunteer Movement. If there are any ready for any of these twenty places that are calling for nurses, if they will communicate with the Student Volunteer Movement, 105 East 22nd Street, they can hear all about it. I hope that as a result of these talks we shall have our intelligence increased, our interest aroused, and that there will be some representatives from us. The age limit is about thirty-five. There would not be a great majority of us in this room who could go even if we wanted to. But we all have influence, and I am hoping that there will be a greater number to meet the demands that are constantly coming, as a result of our conferences to-day on missionary nursing.

THE PRESIDENT.—I think you have found this a most instructive, inspiring, and helpful session, and I am sure we are all most indebted to Dr. Zwemer, who has come here to make this perfectly splendid speech. I have something in store for you yet. At one of the sessions of the Superintendents' Society held on Monday or Tuesday, I have forgotten just which, those who were there were very much interested in the account given by Mr. Parsons, of New York, in regard to the work they are doing in connection with the hospitals in the establishment of small gardens, and I asked him to come here this afternoon and say a few words to us in regard to this work. It seems rather a peaceful occupation after the stirring things we have discussed, but as Mr. Parsons told us the other day, it was the original occupation of women before the necessity or thought of missionaries began; so that it is not altogether inappropriate that he should come in now.

CHILDREN'S GARDENS

BY HENRY GRISCOM PARSONS
New York City

I REPRESENT an organization in New York City, of which I am the secretary, talker, practical adviser, and general advance agent. Our business in life is both to convince people of the value of children's gardens and, where the demand is important enough and where able to do so, to help establish the gardens. Such an opportunity came to us last spring and we started such a children's garden on the grounds

of Bellevue Hospital. One of the old city ferryboats down there is in the water alongside the grounds of Bellevue Hospital,—they try to keep it tied fast,—and right at the gangway I excavated a piece of ground fifty feet square and then filled it in with loam and painted the fence around it green and cleaned up some other things and made a garden for twenty children. There were at that time about thirty-five on the boat. These children are in various stages of tuberculosis. Some of them are consumptive and some of them are not; some of them have bone trouble of various kinds, but they all belong to the class of tuberculosis, and from our previous experience we felt that a garden was just what was needed for those who could move around, get up and have a little activity, and it has been very successful. Please, before I forget it, let me tell you the address of this garden and two others, so that if you have an opportunity you can visit one of them. Bellevue is at the foot of east 26th Street. You just go in the gate and ask for the children's garden. One I have just built in Public School 177, Manhattan, is at Market and Monroe Streets, just east of Chatham Square Station, on the Third Avenue Elevated, about five or six minutes' walk. That will give you a better idea of the garden than Bellevue's, because Bellevue has not as many flowers in it as yet and is not quite as far along.

Then there is a garden at the foot of West 53rd Street and 11th Avenue, and some of the nurses have already visited it. As soon as I got through talking Wednesday they must have gone straight there, because Mrs. Parsons told me they got there at twenty minutes past five and I finished about twenty-five minutes of five. So they made fast time. If you want to see children in that garden try to get there after three and before five o'clock, except on Saturday; on Saturday you might see them at any time, except at the noon hour.

At Bellevue Hospital, where the original garden was laid out for twenty children, the demand was so strong that we cut each plot in half and made room for forty children. Then as the number changed on the boat there were all the way from twenty to forty children, each owning a small garden.

The one in charge of that garden last year was one I had trained, not a nurse. We tried to get the authorities to have a nurse trained for that work, and we are making efforts to bring to the attention of nurses the desirability of learning, as part of their work, something about how to conduct children's gardens; for I am sure many of them will find it interesting work. I received, two days ago, a letter from just such a person, a nurse who says she is breaking down under the

inside work and would like to have some outside work and wants to know where she can learn about gardens. At the school down town, under the Board of Education, there is a piece of ground which I also made, fifty-one by fifty-four feet, and there is room on that for fifty-six children, each having a plot of sixteen square feet. That will give you also a typical child's garden. The one at 54th Street has room for nearly five hundred children at a time, on three-fourths of an acre.

It will especially interest you nurses to know that during the past three years, the Crippled Children Driving Fund of New York City has brought to the DeWitt Children's Garden crippled children, many of them so much crippled that they must be carried from the wagon to their plot. The number has averaged about one hundred and fifty annually, different children, who have had the opportunity to work in the ground at growing plants, had a chance to harvest some of their plants; and it may interest you to know that by putting these crippled children, the ones who have something the matter with them, either in plaster or something of that kind, on paths four feet wide, they did not have much difficulty in doing some of the work. We have had some rather striking and touching incidents there. We had one boy without feet and one boy without hands, and the two together made a whole boy, and they worked the plot between them. There have been a number of that kind. We had a girl there who was born without one hand,—the left hand she had; and she used the good hand and got so she could cultivate very nicely with one hand, using the hoe. To place before such children these opportunities is often very touching. We feel it very keenly, and I will admit if we did not see the funny side quite as keenly it would be probably more than we could stand.

The work is going to spread. I can tell you frankly that several hospitals are getting interested. They want to know about it, want to know how it is to be done. I believe the time is coming, whenever children are kept in a hospital after they are out of bed they will want a children's garden to interest the child, give them some education that they really need, keep them in the fresh air and sunshine. One thing that the garden does for the child is too often left out of strictly scientific treatment, and that is real happiness. I have seen children that have been fed on eggs and milk and meat and, as I said the other day, regular training table diet, to fill their bodies with as much energy as possible to combat the disease, and then told to go lie down and be quiet. Well, a child cannot do that, and then you have no right to call a child bad if they wiggle or even fight. It is not just natural fighting condition, it is the abundance of animal spirits. Now

garden work, fortunately, is about the safest work they can do. There is as little opportunity for overstrain as any work that is of interest to the child.

At Bellevue, and even in this new garden away down the East Side, the wild birds are visiting already. They seem to pick out these little spots of ground as they fly by, and the children have seen robins, thrushes, and cat-birds this year, and I have seen bees hovering around plots where there were only two plants, and no others in five miles. How they get there I don't know.

It is one of the most marvellous means of bringing the country to the child who is shut up. Those who do not know will hardly realize how a small piece of ground will accommodate a great number of children or how a great variety of interest can be brought to the child.

If you want to know any more about this movement the office is at 1133 Broadway, Room 1515. You will address Henry G. Parsons. We have some printed matter, and we only want to hear from those who want to look further into it.

THE PRESIDENT.—I was particularly anxious to have this matter brought before you, because many of the nurses come from hospitals in the country, where it would be very easy to work out this plan of hospital gardens for the convalescent patients; and I think we are greatly indebted to Mr. Parsons for taking the time this afternoon to come and help us, after having devoted an hour to the Society of Superintendents. I feel quite sure that he will be repaid by seeing this plan spring up in different parts of the country through this little suggestion which he has dropped to you this afternoon.

I wish to announce the committee to consider the question of a memorial which we discussed this morning: Miss Alline, Miss Cooke, Miss Noyes, to serve on this preliminary committee.

Meeting adjourned.

FRIDAY MORNING SESSION

The meeting was called to order at 9.30 A.M. by the president, who called for the report of the inter-state secretary.

REPORT OF THE INTER-STATE SECRETARY

The state associations which are not reported failed to return the "official blank form" which was sent them.

Whether it was because of this new departure in sending in an annual report, or that there was nothing specially accomplished, it is impossible to say, but the majority of those received give very limited accounts of the year's work.

Out of the 28 state associations, only 18 responded; and out of 18 county and city associations, 13.

CALIFORNIA, with a membership of 1030, it will be remembered, was success-

ful in securing the passage of its bill for registration, but it was not until June 8, 1909, that the Board of Regents accepted the obligation placed upon it by the State Legislature. As the waiver expired in 1908 it necessitates all nurses taking an examination; this of course is meeting with the opposition of the nurses, and an amendment has been made, to be presented to the Legislature, in January, 1911, requesting that the bill be made applicable to the present, and also adding a reciprocity clause. Two hundred and eleven of the members volunteered for service in the American Red Cross.

COLORADO, with a membership of 96, has been devoting the entire year to increasing the membership, which has been difficult on account of the nurses being widely scattered through the state. The workers in the association report that it has been hard to keep up the interest in the work of the association, although 879 nurses have registered.

DISTRICT OF COLUMBIA prepared a course of lectures, which were given during the winter and well attended, the subjects presented: Care of Sick Children, Diet in Typhoid, Nursing for the Neurologist, The Psychic Factor, What to Avoid and the Principles That Guide, Red Cross Administrative Methods for the Nursing Corps, New Surgical Devices and Methods of Treatment, An Argument for Equal Suffrage, Infant Feeding, Care of the Sick in the Navy, and others equally interesting.

GEORGIA reports 268 graduates registered, but the law is being opposed by physicians who own sanitariums, and by nurses in charge of the same, who are not interested in uniform curriculum, standards, etc. An amendment is proposed, which will prohibit superintendents of training schools serving on Board of Examiners. The association has contributed to the Associated Charities, is affiliated with the State Federation of Women's Clubs, with which it is co-operating to secure a compulsory educational law, and one to prevent child labor. It also contributed \$10.00 to the Industrial School.

ILLINOIS has 1272 graduates registered. The Legislative Committee was kept on the alert defending the law, as an effort was made to amend it "by increasing the number of examiners," but the amendment was lost. The association has been co-operating with the State Federation of Women's Clubs in almshouse reform; it has taken an active part in the work of social hygiene and tuberculosis. At Christmas time, the nurses disposed of nearly 600,000 Red Cross stamps. A free bed for nurses affected with tuberculosis in the curable stages of the disease has recently been established at the Edward Sanatorium, Naperville, Ill., a department of the Chicago Tuberculosis Institute. A fund is also being raised for the erection of a shack for tubercular nurses from any state. It is estimated that \$10,000 are necessary to put the project on a sound financial basis. Two thousand dollars have been secured by gifts from nurses, and it is hoped that the remainder may be raised by the sale of a postcard, which is a reproduction of a portrait etching of Florence Nightingale.

INDIANA has 1000 registered nurses. The Legislative Committee was advised that an amendment was to be presented by politicians to "have the State Board of Examiners made a part of the State Board of Health," and immediately the nurses circulated petitions asking that the law as it stands be continued. Since

then, the opposition seems to have disappeared. The association is anxious for an amendment to insert a reciprocity clause. The principal work for the year has been in getting all nurses to register. One of the members of the Board of Examiners is acting as inspector of training schools.

IOWA has a membership of 400, 69 new members added during the year, and none dropped out or resigned; the only state association holding such a record. Nine hundred and sixty-nine nurses have registered, and no amendments are considered necessary at present. The association has been instrumental in establishing visiting nurse work in one of the cities, and several associations have been organized through the state for this same purpose. There was \$56.50 contributed to the purchase fund of the AMERICAN JOURNAL OF NURSING, and \$21.88 to the tuberculosis scholarship at Columbia University.

MICHIGAN.—The law for registering nurses is in operation and 130 nurses registered, with a large number of applications pending, but the fact still remains that the nurse, appointed on the Board of Examiners, who was not eligible for office, refused to withdraw, which has necessitated legal proceedings against her, and comes before the Supreme Court in June. Ninety-four new members have been added since the last report, and 78 dropped for non-payment of dues, leaving a membership of 400.

MINNESOTA has been working hard to bring about affiliation of state, county and alumnae associations, with a view to reducing the membership fees.

NEW YORK.—The efforts of the association have been directed toward reorganization, but upon just what basis is not stated. There has been no open opposition to the law governing the registration of nurses, but there is some suspicion that amendments are brewing from commercial schools. The association is affiliated, as a body, with the National Red Cross. Central Registries was one of the subjects much discussed at the last annual meeting, and the imperative need of one in New York, and the latest report is that the New York County Association has decided to establish one, and final plans are under consideration.

NEW JERSEY, with a membership of 132, is suffering from a lack of interest amongst its members, but the officers have been making every effort to increase the membership by organizing county associations. It is federated with the State Federation of Women's Clubs, and co-operating with it in its objects, one of them being "Nursing in Almshouses."

NEBRASKA, with 162 members, secured the passage of a bill for registration in March, 1909, but is not satisfied with the clause on requirements, and hopes to amend it. The bill provides that the State Board of Health shall govern the Board of Examiners, it also is given the power to determine the requirements of applicants, but further states "that the nurses acting on the Board shall assist and *advise* the State Board of Health in the performance of its duties as prescribed in the Act." With no provision made for an inspector of training schools, the members of the Examining Board are endeavoring to instruct or advise those in charge of training schools to work for higher standards. The association disposed of 169,000 Red Cross stamps at Christmas, and also contributed \$50.00 to the purchase fund of the AMERICAN JOURNAL OF NURSING.

OHIO had no special work to report, as no annual meeting was held.

OREGON has a membership of 84, and is working hard to stir up interest and enthusiasm amongst its members. The question of establishing a central directory is the most important one under consideration.

OKLAHOMA, still in its infancy, secured the passage of the bill for registration for nurses, but no mention is made as to whether the law is in operation or not. The program of its annual meeting is evidence that the nurses are interested in all progressive movements of the profession.

PENNSYLVANIA.—The bill for registration passed on May 1, 1909, and the law is in operation, but is being opposed by the so-called National Board of Regents and the correspondence schools. It is hoped that an inspector of training schools may be appointed this year. The principal work of the association has been in connection with the bill for registration. A monthly bulletin is published.

TEXAS.—The law governing the registration of nurses is in operation, but is being opposed by graduate nurses and non-graduates, the reason given is that they cannot see what benefit it is going to be to them personally, and think it a state graft; 221 graduates have registered in spite of this. The association is working hard to increase its membership, besides agitating the establishing of a visiting nurse for tuberculous patients in different towns throughout the state.

VIRGINIA is doing good work—717 nurses registered. Opposition to the law has been threatened, but owing to the foresight and knowledge of the president of the association (Miss Cabaniss) they have, so far, escaped the pitfall of the courts and opposition of the politicians. Ever since the law has been in operation, the Board of Examiners has kept in touch with the training schools by members visiting them. The principal objects of work for the year have been the establishment of a sick benefit fund for nurses, soliciting subscriptions for the Hospital Economics endowment and for the purchase fund of the AMERICAN JOURNAL OF NURSING, also helping one of its members who has become blind.

WASHINGTON, 400 strong and full of enthusiasm and energy, is accomplishing much. The law governing registration is in operation and so far has had no opposition. An inspector of training schools, or state superintendent as it is designated, has been appointed. A fund for the building of a cottage for nurses suffering from tuberculosis has been raised, and the cottage is located at the Riverton Sanitarium and ready for occupancy, the amount for building and equipment being \$500.00.

Report of County and City Associations Affiliated

ALAMEDA COUNTY GRADUATE NURSES' ASSOCIATION holds monthly meetings at its clubhouse, combining a social hour with the business. A central directory for nurses is conducted under the supervision of the association and well established. A very marked increase in the membership is noted since the registration law went into effect. A course in parliamentary law was given during the winter, also talks on Nursing in China, by Dr. Caroline Merwin, a medical missionary, another on the Anti-Tuberculosis Movement.

GRADUATE NURSES' ASSOCIATION OF CLEVELAND holds monthly meetings and a social meeting is held twice a year. The central directory for nurses, established by the association in January, 1904, is in charge of a graduate nurse who has an assistant for four hours daily, and is in a flourishing condition. A yearly contribution is made to the Visiting Nurse Association of Cleveland, and last year a small contribution to the purchase fund of the AMERICAN JOURNAL

OF NURSING. The association is affiliated with the American Society for the Prevention of Tuberculosis.

REGISTERED NURSES' ASSOCIATION OF DES MOINES has been instrumental in establishing a visiting nurse association, and furnishes a supply closet for the same, also has a representative on the Committee of Boys' Club for the education of newsboys. A central directory is in operation and is to be put in charge of a graduate nurse this year.

HENNEPIN COUNTY GRADUATE NURSES' ASSOCIATION, MINNEAPOLIS, took the initiative in entertaining the Nurses' Associated Alumnae last year in Minneapolis, which none will forget who were fortunate in being there. The association conducts one of the best central registers for nurses in the country, as Dr. Marion Mead, who is in charge of it and is with us, has told you. A course in parliamentary law was given for the members during the winter.

THE GRADUATE NURSES' ASSOCIATION OF INDIANAPOLIS has changed its name to "The Marion County Graduate Nurses' Association," and has been most active in settlement work and pure milk commission and is at present much interested in the agitation for almshouse nursing and school nursing. Each member contributes two weeks' service annually to charity work. The association is federated with the Federation of Women's Clubs; it has a central directory in charge of a graduate nurse. Contributions have been made to the Pure Milk Commission of Indianapolis and to the salary of the chief probation officer of the Juvenile Court. Subscriptions to the purchase fund of the AMERICAN JOURNAL OF NURSING were made by individual members.

JEFFERSON COUNTY GRADUATE NURSES' CLUB OF LOUISVILLE, KY., is conducting a very successful central directory for nurses in charge of a graduate nurse. A course of lectures was given including "Sanitation" by Rev. Caroline Bartlett Crane. A course in parliamentary law was a part of the program for the winter.

KING COUNTY GRADUATE NURSES' ASSOCIATION OF SEATTLE has the distinction of being the first county association to become affiliated, and has a membership of 175, ninety of whom have been added inside of a year. Its central directory for nurses has been established for six years with a graduate nurse in charge and been most successful. Steps have been taken toward the erection of a clubhouse. The association is largely responsible for the amount raised to build the cottage for tuberculous nurses. It has established a sick benefit fund for nurses, contributed \$80 to Parental Home for Girls, and is soliciting subscriptions for the purchase fund of the AMERICAN JOURNAL OF NURSING. It is affiliated with Federation of Women's Clubs.

LOS ANGELES COUNTY GRADUATE NURSES' ASSOCIATION, with a membership of 185, is conducting a central directory for nurses, which has covered all expenses in connection with it, since its establishment. The association is endeavoring to endow a bed at Barlow Sanitarium. Another of its objects last year was the enrolment of nurses for Red Cross service. It has contributed \$100.00 to the purchase fund of the AMERICAN JOURNAL OF NURSING, and \$40.00 to the Society for the Prevention of Tuberculosis.

MONROE COUNTY GRADUATE NURSES' ASSOCIATION OF ROCHESTER, N. Y., gave a course of lectures on home nursing to members of a Jewish Girls' Club and the Women's Civic Club. The program for the year included papers on Red Cross work, psychotherapy, modern methods in care of the insane, and central

directories for nurses. The sum of \$25.00 was contributed to the purchase fund of the AMERICAN JOURNAL OF NURSING.

SAN FRANCISCO COUNTY GRADUATE NURSES' ASSOCIATION, with a membership of 606, probably the largest county association in the country, gave a course of lectures on home nursing to factory women and to the Young Women's Christian Association. The central directory for nurses, established four years ago, with headquarters at the clubhouse, and in charge of a graduate nurse, is the principal object of work. The sum of \$150.00 was contributed to the purchase fund of the AMERICAN JOURNAL OF NURSING, and \$37.00 to the Milk Improvement Association.

SPOKANE COUNTY GRADUATE NURSES' ASSOCIATION OF SPOKANE is conducting a successful central directory for nurses. The sum of \$100.00 was contributed for the building of a cottage for nurses afflicted with tuberculosis and \$50.00 to the purchase fund of the AMERICAN JOURNAL OF NURSING. The members give their assistance to the visiting nurses when off cases and when called upon to do so.

GRAND FORKS GRADUATE NURSES' ASSOCIATION OF GRAND FORKS, N. D.—The "faithful few" in Grand Forks are making a brave fight for higher standards in nursing, and are receiving the support of the physicians in their effort. This association is the only nurses' organization in North Dakota, but the secretary reports that they are in communication with nurses in other cities, regarding state organization, and feels confident they will accomplish it in time. It is estimated that there are over 300 nurses in the state, but the difficulty is in reaching them. Another year will undoubtedly find North Dakota enrolled on our list of state associations, through the efforts of the Grand Forks Graduate Nurses' Association.

WAYNE COUNTY GRADUATE NURSES' ASSOCIATION OF DETROIT held a series of lectures including "The Prevention of Infant Mortality," given by the health officer; "The Principles Underlying Co-operation in Social Service Work," by the secretary of the Associated Charities; "The Work of the Red Cross," and several papers on the work of the private duty nurse. The central directory for nurses is under the auspices of the association, having been established two years ago, and is in charge of a graduate nurse. The association netted the sum of \$203.00 from a dancing party, but it has not been decided "officially" for what purpose this is to be used, although many favor using it as a nucleus for a fund to provide nursing care for people not able to pay for the services of a graduate nurse.

SUMMARY.—California, Oregon, and Washington State Associations include the *Pacific Coast Journal of Nursing* in dues.

Wisconsin is the only state to organize since last year, and is the first state association to include the AMERICAN JOURNAL OF NURSING in its dues.

Of the 34 states organized, 31 are affiliated. Letters from North Dakota and Utah indicate that some spirit is waking up to the need for organization in these states.

Since the first report of inter-state work given in 1906, the state associations affiliated have increased from 14 to 31; county and city associations affiliated, 19.

Out of the thirteen county and city associations, eleven are conducting central directories for nurses. The total amount contributed for professional, educational, and philanthropic purposes is reported as \$2375.00, which includes

only a very small part of what has been contributed towards the purchase fund of the AMERICAN JOURNAL OF NURSING.

The subjects most widely discussed at the meetings of the associations were tuberculosis in all its phases, almshouse nursing, Red Cross work, central directories, moral hygiene, state registration, district nursing, school nursing, social service work, the nurse in relation to public health, nursing of the insane.

From 1906, when the office of inter-state secretary was created, to 1910 the membership by association has increased from 122 societies, representing 8500 nurses, to 182 representing 14,997 nurses.

The inter-state secretary is indebted to the thoughtful members who have contributed from time to time copies of *The Courant*, *Illinois Quarterly*, and *Visiting Nurse Quarterly of Cleveland*, which have been a helpful source of reference, and all of which are gratefully acknowledged.

Respectfully submitted,

AGNES G. DEANS, Inter-State Secretary.

THE PRESIDENT.—This seems a fitting time to announce a pleasant piece of news. The directors of the AMERICAN JOURNAL OF NURSING had a meeting last night and they convey to this association their willingness to contribute three hundred dollars toward the expenses of the inter-state secretary. A friend of mine happened to be in the audience yesterday, just to see what the meeting was like. I did not know he was here, but he happened to be here when the appeal was made for an inter-state secretary; and he said to me after it was all over, "Perfectly splendid! I will pay for the salary of the inter-state secretary." But I said, "No, not at all. This is nurses' work. We do not accept outside contributions, but if I find any difficulty in making good with the Red Cross I will call on you for its share." So I think we are now quite sure of the money for our inter-state secretary. I will now call for the Report on District Nursing, which will be read by Miss Sly, as Miss Lent, the chairman, is unavoidably absent.

REPORT OF THE COMMITTEE ON VISITING NURSING

The object of this committee was to make a special study of district nursing, and to keep in touch with its advancement and development throughout the country. We were also to note any literature having any bearing on this subject, and to record for reference where such articles might be found. As far as literature goes, Miss Waters' splendid book on Visiting Nursing stands alone, the most valuable reference book that we shall have for many years. It is needless to say that the AMERICAN JOURNAL OF NURSING constantly contains articles relating to various aspects of district work, to say nothing of the special department of Visiting Nursing. *The Visiting Nurse Quarterly*, of Cleveland, is not confined to local issues alone, but is a comprehensive journal for the discussion of the various problems relating to the visiting nurse and her work. There are similar articles in the *Nurses' Journal of the Pacific Coast*, so that as far as literature goes, we have constantly before us articles containing the newest ideas and increasing scope of all such activities.

In reading over the reports sent in by the various members of this committee, the chairman was impressed by the enlargement and development of district nursing throughout the country. Either new associations were organized

(often with but a single nurse), or else the force of the older associations was increased, in order to meet the growing demands of the work. From Minnesota comes the report that seven small towns either have or are about to have a visiting nurse, to say nothing of the great activities of the nursing associations of St. Paul and Minneapolis. We have nurses of all kinds—in general work, in specialties, such as obstetrics and tuberculosis; nurses in schools, playgrounds, milk dispensaries, and in work connected with babies and young children; nurses in charge of day camps and convalescent summer homes. The number of new associations and the volume of work done by the older ones, leads one to think that surely no other form of social activity can be making such a demand on public sympathy as is district nursing in all its branches. This tremendous increase leads one to stop and analyze this condition, to see what it means and where it is leading.

When district work was begun in this country thirty odd years ago, it was solely for the purpose of giving nursing care to the sick poor. To dress a wound, to care for a chronic heart case, to bathe and make comfortable an ill patient—such was the conception of the nurse's duties, and the appeal to the charitably disposed was made solely on this ground. The nurse brought relief to sufferers under intolerable living conditions, and it took great tact and ingenuity to obtain even the scantest results under the circumstances. These intolerable conditions were accepted as a matter of course, and the work was done without any object of improving conditions, but simply to bring to the patient such relief as his circumstances would permit. Much of the work done to-day is of necessity still of this kind.

The second stage in district nursing then came, and we worked for and talked about prevention. The nurse was the great educator and protecting agent. We pictured her as able to hold back vast epidemics of typhoid, to save the lives of thousands of babies; she taught the value of baths, fresh air, nourishing food, and was the dispenser of moral and uplifting ideas in general, all under these same intolerable living conditions, but tending in some vague way to improve them, not in the removal of these conditions, mind you, but directed to the individual as an individual, by which teaching he was enabled to survive longer under the same killing environment. It is true that a great amount of good has come of this preventive work, but to teach people to boil their drinking water and so avoid typhoid fever is a placid acceptance of a contaminated water supply.

We have now arrived at the third stage—some of us at least, those of us who have been in the work longest and are willing to face the truth. At best, we are but Red Cross nurses on the field of battle. As such, there is no doubt that we are extremely useful, but we must not delude ourselves by thinking that we amount to much more. In ourselves, we do not stop the battle.

For years we have been giving temporary relief in the way of skilled nursing care, under conditions that deprived it of three-quarters of its value. We have also been trying to teach underpaid, overworked, underfed, wretched, human beings how to live more hygienic lives. We have preached sunlight and air to people living in cellars and tenements; we have talked of nourishing food to the starving; we have preached the beauty of cleanliness to those without the strength or the incentive to be clean; we have nursed back and preached back, not to health, but to a continuance of life, shattered, enfeebled, degenerate

constitutions that are too weary to fight longer against the circumstances that have made them what they are. A nurse is employed in a mill town by a philanthropist to care for his employes. A man loses a finger. The nurse dresses the wound. When he is able, he goes back to the machine that maimed him, only to lose another finger in a machine that he cannot control. In the last analysis, that is what our work amounts to to-day.

But the awakening has come at last. Our eyes are now open to the facts. We can no longer continue to dole out surface relief and believe that it stands for anything more radical. While we have been nursing the poor, while we have in some measure been able to mitigate their condition, the conditions beyond our control have grown worse and worse. The amount of new nursing associations is a direct response to the increasing hardship of living conditions—the district nurse and the charity organization are the philanthropist's recognition of them. It is for us, who are in the thick of the fight, to tell him that we will not do. We are palliative agents, but the conditions of to-day do not call for palliative treatment.

I would not in any way seek to diminish the value of the nurse to the community. It will be many years before society is so reconstructed that our services will not be needed. I would like to call your attention to what I consider, however, the most valuable work of the nurse to-day. That is—her ability to collect *facts* and to present them to the public. There are other investigators who are more familiar than nurses with conditions in certain phases of life—factory conditions, steorage conditions, the environment of certain trades and occupations, but there are no agents more familiar than nurses with the *homes* of the people. It is in the home that we find the *results* of other conditions—everything is reflected back into the home. As workers, we have wonderful opportunities to collect the facts relating to the home life of the people, and we must present these facts—forcible, terrible truths, in such an array and in such numbers that they can neither be contradicted nor ignored. These facts must be collected by the actual workers in the thick of the fight—women who have labored untiringly and unceasingly for years, not for a period of a few weeks or months, but for a period long enough to have won the confidence of the community in which they live. The community will recognize that such a woman is neither a faddist nor an idealist, but will know that by reason of her long service she is one who loves her fellow-beings. While we are still willing to work on under difficulties that only a strong heart and a clear vision can survive, and to continue to give as heretofore such first-aid service as we can, we must realize that this is not the end of our work. I cannot think that we are only to remain Red Cross nurses. I feel that it is our mission to present to the public the conditions which demand our services and then defeat our efforts. It can only be through facts as we know them and truths as we tell them that these conditions may be radically dealt with.

MARY E. LENT, Chairman.

REPORT OF PUBLIC HEALTH COMMITTEE

MADAM PRESIDENT: I regret to have to report a chairman so inactive that this committee has not been able to do the work the other members were ready and anxious to do. That anything has been done is due to the initiative of

Dr. Hedger and Miss Dock. Dr. Hedger sent copies of the following circular to all the state associations and their replies constitute my report.

The circular is as follows:

"DEAR MADAM: You probably know the resolutions passed at the meeting last June concerning venereal prophylaxis. Have you established a committee in your state in accordance with that resolution? Are they working and in what lines? The lines covered were: Ascertaining and reporting on existing laws and their enforcement; reading and recommending reading for the protection of nurses; reading for the teaching of children; making and recommending courses for training schools; establishing similar committees in alumnae associations."

Eight replies have been received, three telling what has been done, two expressing a desire to begin work along the lines designated in the near future, and three reporting no work at all.

Michigan made arrangements to have an address on venereal prophylaxis in 1909, but the speaker was unable to attend. This year Dr. Hedger has consented to speak at their meeting in June. At that time a committee will be appointed to work in the state.

Minnesota has no committee at work, but the Ramsey and Hennepin County Societies have considered the subject at some of their monthly meetings and have had addresses made on the subject. The state association at its semi-annual meeting in April was addressed by Dr. Mabel Ulrich on the part nurses can take in the fight against the black plague. There has been no work done in the public schools, but the Women's Federation in St. Paul and Minneapolis seems to be alive to the importance of this subject and is working and teaching in many directions.

West Virginia.—Mrs. Lounsbury, president of the state association, devoted a large part of her annual address to the association to this subject, instructing nurses as to their duty in teaching mothers how to teach their sons and daughters. She has since spoken along the same lines to the graduate nurses of Kanawha County. She is working in the Charleston public schools this winter and is giving a series of talks in the school buildings to the mothers of the children. She delivered about eleven of these lectures to audiences varying from 16 to 95. In these lectures she spoke of the dangers of self-abuse and the instructions mothers should give their children. She also spoke of the terrible increase in immorality and how carefully boys should be taught its dangers. In two of the schools she gave talks to the boys themselves and also to the teachers of all the public schools. Charleston is fortunate enough to have a superintendent of schools who is anxious to do all he can to help in this work.

Oklahoma reports no work done yet, but seems anxious to keep in touch with the committee and to be instructed how to begin.

Texas reports very little done, but the president, Mrs. F. M. Beatty, is going to put the matter before the state association at its spring meeting. One of their difficulties is that nurses are not recognized in Texas as they are in the east and west and they have to be very careful how they proceed.

California, Nebraska, and North Carolina report nothing done this year, but all express the hope that another year will be more productive.

Miss Dock prepared and sent out the following letter:

"To the Superintendent of the Training School or Hospital.

"DEAR MADAM: In pursuance of a resolution passed at the Minneapolis meeting in June, 1909, recommending fuller instructions in venereal diseases, their origin, modes of transmission, and general as well as individual prophylaxis for nurses in course of training, the committee appointed for this duty begs to ask you whether you will consider inviting some thoroughly equipped physician, preferably a woman (as women seem to understand best how to instruct nurses on this subject), to initiate such teaching in your school, and also begs to inquire whether you would like to receive lists of suitable educational literature on moral prophylaxis."

The lists of literature referred to were compiled by Dr. Hedger, and Miss Dock undertook the work of having copies mimeographed and sent as wanted. Three hundred sets were made, and many of them were called for in answer to the letter to the superintendents. Many alumnæ associations also called for lists. Remaining sets have been placed on the literature stand at these meetings and distributed.

In her capacity as international secretary, Miss Dock has also written letters to the countries in membership in the International Council of Nurses asking for committees and propaganda work in pursuance of the resolutions passed at the London Congress. The American Federation, having already undertaken the propaganda, received a copy of this circular letter as information only.

Respectfully,

SARAH T. COLVIN, Chairman.

REPORT OF THE TUBERCULOSIS COMMITTEE

MADAM PRESIDENT: To obtain the material presented in this report questionnaires were sent to thirty-three state associations and to seven other states, through addresses obtained from the Visiting Nursing Directory of the U. S.; twenty-eight replies being received. Of these, three were from state associations but recently organized; three from states too interested in obtaining registration to permit any side issues; one association reported that the work was so well organized that the nurses' co-operation was not necessary, and two associations received, but lost, the questionnaires.

Of the remaining nineteen, eleven state associations were interested in the tuberculosis campaign and showed their interest chiefly by talks and lectures on the subject. Illinois, Michigan, and Maryland had done particularly good work along these and other lines. Questions relating to the different groups of nurses engaged in sanatoria, hospitals for advanced cases, and in visiting tuberculosis nursing were, for the most part, so inadequately and variously answered that the questions were obviously poor ones. The answers may also imply that state associations don't always know what their members are doing, but for this year the committee will bear the brunt of the criticism. It is to be hoped that neither offense will be repeated.

Sixteen states reported graduate nurses working in sanatoria; fifteen states reported graduate nurses working in hospitals for advanced cases, though in most of these the actual nursing was done by attendants; fifteen states reported visiting tuberculosis nurses supported by state, municipal, or private funds. Seventeen associations reported members as personally interested in the tuber-

culosis work, Louisiana Association belonging in a body to the State Anti-Tuberculosis Society, and Maryland paying \$10.00 annually to the State Anti-Tuberculosis Association. Seven associations reported that members were officers in state and local anti-tuberculosis societies. Six associations reported special committees to co-operate with these societies. Six associations reported committees to investigate care of tuberculous poor in almshouses; in two states this was not considered necessary.

As to provisions for nurses who may have developed tuberculosis, Oregon has built a shack, Illinois is raising money to do so; a local organization in Los Angeles supports one bed, and Colorado and Ohio have considered so doing. In Indiana one nurse, who became ill, was cared for by her own alumnæ.

Very unsatisfactory answers were given to questions relating to interest shown by local associations. In only three states were school alumnæ showing special interest, although in many associations rather more interest has been evinced since the National Tuberculosis Congress in 1908.

To the question "Do the graduate nurses refuse calls to tuberculous patients and why?" Seven states reported "No"; one state reported "No, when registered for it"; six states reported "Some," giving reason as "Phthisiophobia"; four states reported "Occasionally," because of predisposition, monotony of work, or hopelessness and loathsomeness of case; another association blamed the attending physicians, first, because they themselves were afraid of the disease, and secondly, because they did not instruct their patients properly; consequently "the nurses can hardly be censured for refusing such patients," the report naively read.

No satisfactory replies were received as to the training, theoretical and practical, given pupil nurses. Six states reported, but with reservations, that pupils got some training in tuberculosis work. One school loaned its nurses to an anti-tuberculosis association for their district training and in several large county and city hospitals nurses got some tuberculosis work.

Eight suggestions—all good ones—were received in response to the last question "What line of action would you suggest to arouse a keener interest in tuberculosis work?" The fundamental one was voiced by two associations, which advocated more theory and some practice among tuberculosis patients as a part of the training of every nurse. Another association suggested that the nurse, as an individual, be aroused to the fact that it is her duty and special privilege to help combat this disease, as by her training she is especially fitted to teach, in a practical way, hygiene and dietetics wherever she may be; that she should make it a point to become interested in the building and health laws of the city in which she lives. Several associations suggested more co-operation with state anti-tuberculosis associations. In addition to the above suggestions, your committee would advise that each association, school or state, devote at least one meeting, annually, to the discussion of tuberculosis work from all points of view—therapeutic, nursing, social, economic, etc.

EDNA L. FOLEY, Chairman.

THE PRESIDENT.—This is a subject in which we are all interested, and there is one point in regard to the tuberculosis work to which I would like to call your attention. This last winter I made a trip, as many of you know, through the west, and I discovered something which I had not known before, and that was the great prevalence of tuberculosis among nurses. It seems to me that in the

future, some time, we should take this matter up and consider what can be done. This report has shown to us what has been done in many cases, the building of shacks and various other undertakings, but Mrs. Tice is too modest to say what the Chicago nurses have done with their postal card. Many of you have seen it.

I want to offer one little suggestion, in regard to the sale of the Red Cross Christmas stamp. Nurses have sold a great many of those stamps throughout the country, we all know that. Last year in Colorado we talked this matter over with the chairman of the Tuberculosis Committee, and we felt very strongly that the nurses should share in the profits of the sale of the tuberculosis stamps. If you are in a locality where they sell stamps next Christmas, I advise you before you begin to co-operate to ask that a certain proportion of the profits of the sale come to the nurses. Ask for it. It can do no harm, and it may actually be allowed. Denver did get it, but I do not know how much it amounted to. There may be some one here from Denver who can tell us whether it was worth trying.

MISS LOUISE PERRIN.—We were allowed 10 per cent. on all we sold.

THE PRESIDENT.—Well, 10 per cent. is better than nothing. I offer that merely as a suggestion.

MISS SEIDENSTICKER.—I would like to say that the Tuberculosis Institute of Chicago gave the nurses a free bed in the sanatorium at Naperville in recognition of their assistance in selling Red Cross stamps.

MISS NOYES.—May I ask a question? I would like to ask if any of the superintendents of training schools have had any requests to allow their pupil nurses to affiliate, or at least the schools to affiliate, with state sanatoriums or local sanatoriums for the training of nurses, and whether they would consider that the least bit desirable, and in itself a part of the course of training. I must have had three requests, one from a state sanatorium and two from local sanatoriums, asking me to allow affiliation, that is, to allow our pupils to work in these sanatoriums. I, myself, feel that it may be a question of economy in those institutions; not that they feel that it is desirable for training, but they must have their nursing done and it would be cheaper in that way, and I would like to know how other superintendents feel about that matter.

MISS LOOMIS.—We have a shack on the state sanatorium ground and accommodations for two patients. We have over two hundred dollars for a fund for those who are not able to pay for themselves. We have the use of a cottage and they charge only ten dollars a week for the nurse who is occupying it. She has the privilege of working, when she can, to help pay that ten dollars. When the cottage is not in use by a nurse, they charge forty dollars a week for it, and we have the best cottage on the grounds, the best location, and most desirable of all; it is equipped by the Public Health Committee from Washington. They have done considerable work down there, especially of a certain kind. We had one lecture on venereal prophylaxis by one of their physicians. We had ten or twelve lectures which took up every phase of the subject. I think they are a good thing.

THE PRESIDENT.—This is very interesting, but the question Miss Noyes desires to have answered is, whether training schools are asked to affiliate with these sanatoriums?

MISS JOHNSON.—The California Hospital Training School is affiliated with a sanatorium. I think they have there about thirty or forty beds and they send

their nurses there for training, and the nurses enjoy it very much and consider it very successful. They have been doing it for about a year, maybe not quite so long as that.

MISS SHARP.—May I ask how long the nurses are allowed to say?

MISS JOHNSON.—Two months.

MRS. LOUNSBERY.—This is a little different, still it is tuberculosis work and perhaps it may be a suggestion whereby other nurses can assist in this work. The nurses of one West Virginia County have supplied our local tuberculosis nurse with bed linen, night-gowns, and blankets, so that she has a linen closet for use among those patients. They use the linen and return it clean. We keep that closet filled ready for use. We have found that it was almost impossible for the nurses to leave their work and do tuberculosis nursing, but we tried to help in that way, to keep the visiting nurse supplied with the things that she needs. I thought this might be a suggestion.

MISS GARDNER.—I would like to know if it is customary for pupil nurses to be excused from nursing a tubercular patient, where there is a pavilion connected with the hospital, additional, and entirely supported for that purpose? In Orange the pupils are excused. It is not compulsory for them to take the training, and I wish to ask if that is customary anywhere else in the country.

MISS MCCOY.—In the Jewish, of Philadelphia, we have quite a large tubercular ward and the nurses are not excused; they are compelled to take that training the same as everything else.

MRS. TICE.—It does seem to me a great pity to excuse the nurses from this training, because there is a great tendency toward phthisiophobia. Nurses are afraid, and now we will have to teach them not to be afraid. The result is that patients are suffering and the doctors and nurses are afraid of them; if they go at it properly there is no reason why they should contract the disease, and I think it is a pity that they should be excused from that sort of training.

MISS O'HALLORAN.—In the state of Pennsylvania there is a great demand for graduate nurses in this tubercular work. We have a dispensary conducted by the state in each county, and in some counties from three to eight, or as many as are required to carry on the work. In a number of counties we have nurses who are unpaid, untrained, or who have been attendants in sanatoria, who had no previous experience or training along these lines, and they are conducting this work which should be conducted by graduate nurses. We teach our pupils the value of nursing of this kind, and, when there is demand for them, nurses are not afraid to meet this call. Now this is a campaign, a warfare, being carried on against this dreadful disease, and yet it seems to me we do not have nurses who will come forward and answer this call; and there is absolutely no danger of contagion if the nurse is careful and conscientious herself and careful in her treatment of the patient. How can we expect patients to be careful and conscientious and to avoid being a menace to the community unless they are instructed? How can they be instructed unless they have proper people in charge? When a state has interested itself to the extent of carrying on a campaign, as they have in a great many of our states, I think that it reflects discredit upon our graduates and registered nurses to fall in arrears because they are afraid of a contagion which is not necessarily contagious.

MISS HELEN KELLY.—I would like to say for the benefit of those nurses who have phthisiophobia, that the head nurse in our tuberculosis department

(Milwaukee County Hospital) for the past two years is in such a very good physical condition that she passed the army examination; and I would also like to say that I have been three months trying to find somebody to take her place.

MISS PINDELL.—I have been asked to speak for the Metropolitan Hospital, New York City. During these years we have tried very hard to get the pupil nurses interested to take care of tubercular patients, because they were afraid. I have positive evidence that nurses were not entering the school on account of the tubercular work, and because the census of the hospital increased to such an extent that it was absolutely necessary, and because we could not get graduates, we had to employ non-graduates or experienced nurses; they were paid twenty-five dollars a month, and some have since had a slight increase in salary. But we knew positively that the pupil nurses were afraid and would not enter the school on account of that work, so if anything can be said to impress the women on the line of having the service it would be a splendid thing. From the point of health I have noticed that the women who were taking care of tubercular patients looked very much better than those who were working in the general wards of the hospital, and I think it was on account of their having so much fresh air.

MRS. FOURNIER.—We called yesterday a meeting of some of those interested in the tuberculosis work, with the idea of finding out what things we would like to put before this convention. The one thing that we felt most anxious to refer to the delegates was the fact that we should like to overcome this fear of tuberculosis, and the only thing that can do that is knowledge. Ignorance is superstition, and superstition promotes fear in tuberculosis. We who are interested in the tuberculosis campaign realize fully that there is absolutely no need of fear when we understand. We are not afraid of typhoid fever, and yet it is very much harder to control than is the infection of tuberculosis.

Now will every delegate, no matter how little at present you are interested in this subject, when you go home to your several superintendents of training schools who are not here to-day, let them know that we are anxious that some knowledge be disseminated, through whatever source it may be in your power to use, so that next year we may come here having gained much knowledge in tubercular work? When I say that statistics are giving as high as 98 per cent. of tuberculosis it is time we were at it.

MISS NOYES.—My question has been answered. I think it is very desirable to have my pupil nurses or any other nurses go to state sanatoriums and learn something about tuberculosis.

REPORT OF PROGRESS MADE IN TRAINING SCHOOLS CONNECTED WITH STATE HOSPITALS FOR THE INSANE

The progress made in these schools within the past decade has of necessity been slow, but each year has marked decided steps of advancement. Ten years ago many of the schools were without superintendents of nurses, all instruction being given by the medical staff of the hospital, and for text-books only Wise, Volumes I and II, would be found, and these were considered quite sufficient for one in all class instruction if, indeed, such instruction was considered necessary. In some schools nurses were not required to buy text-books at all,

but could borrow from the medical library of the hospital these two books if they cared to consult text-books. There were yearly examinations to be sure, but these were not at all severe and poor indeed was the nurse who was unable to pass them. Naturally, the class of young women applying for and gaining admission to these schools was not the same as that found to-day, nor did it compare favorably with the class of applicants seeking admission into training schools in general hospitals. The class of young women usually found in the state hospital schools was of the servant order (there were of course exceptions), who had been attracted by the remuneration given, the absence of the drudgery of general housework, and the more freedom when off duty.

The schools were often only such in name. The securing of graduate nurses for superintendents of the schools marked the first real important step in advance. These, moreover, succeeded in bringing about changes. First, the text-books and curriculum of the schools was changed to conform, in part at least, to those of the general hospital training schools. In some instances these changes were easily accomplished, while in others it proved a very difficult task. Lectures by the medical staff had, from the organization of the schools, been a part of the education of the nurses, but in many schools no notes were required and class instruction, demonstrations, bedside instruction, or cooking had never been considered necessary, and were not a part of the teaching given. Class attendance, with the purchasing of necessary text-books, was distasteful to the pupil nurses then in the schools. They had not gone to the hospital to study nor did they care to learn, but when examinations became more frequent and nurses not obtaining a certain standard were dropped, a very marked change was noticed. Pride came to the rescue, and pupils applied themselves to their marks and studies in earnest. With the changed conditions of the schools came a better class of applicants and another step in the right direction had been taken never to be retraced.

In the early years of this class of schools the nurses occupied rooms off the wards in which they worked by day, but soon with other changes came the building of nurses' rooms separate from the hospital buildings, and to-day we will find in connection with nearly all state hospitals, comfortable, convenient rooms for nurses. This particular change for the better brought a better class of applicants and when, in addition to the other changes mentioned, came shorter hours of duty, all concerned felt that much had been accomplished though the advance had been slow, and much had been accomplished toward raising the standard of this class of schools. The schools could now feel that their graduates could apply for and gain admission to post-graduate schools in our best hospitals, and many graduates have availed themselves of these advantages and have in most instances given good satisfaction. Those of us who have worked in this branch of nursing since this change has been taking place, and have felt depressed often at the slowness of the progress made, can look back over the past ten years with a certain degree of satisfaction that so much has been accomplished. To-day nearly all nurses graduating from schools connected with state hospitals look forward to a post-graduate course, and not a few enter some general hospital training school for a full three years' course. This class of schools is now and must always remain special in character until the time comes that an interchange of nurses between special and general hospital schools is deemed necessary to complete a nurse's training. The branch of nursing

taught in insane hospitals is most valuable, and will some day, I think, be considered necessary for all nurses. When this change comes all the advance of the past ten years will seem only stepping-stones to this grand and greatest step in advance.

SARA C. PARSONS, Chairman.

REPORT OF COMMITTEE ON PENSION FUND.

MISS M. E. P. DAVIS.—Several years ago, at the Richmond meeting, there was a committee appointed to look into insurance for nurses by nurses. After collecting data concerning life insurance and all kinds of life insurance, industrial, commercial, fraternal, benefit fund, life annuities, old age annuities, endowment policies, etc., we began to feel that we were tackling a mighty problem and few if any of us were equipped to grapple with it. So we concluded that it was not possible to write a report that could be given to this association in any kind of a condensed form to be understandable. We began to feel—I for one, and perhaps I am the only one, but maybe you will feel like that when I tell you—like the old lady who undertook to make a garment out of a sheet. She began with it to make a petticoat and she finished with a nightcap. Now whether we shall be able to make a nightcap out of this or not I have doubts in my own mind. We are here to answer questions concerning the pension fund, life insurance, old age annuities—anything.

MISS DOCK.—I would like to ask Miss Davis whether she inquired at all into the new system of savings bank insurance established in Massachusetts, which has been worked out by Mr. Brandeis in their savings banks system, by which all the middlemen's profits are entirely eliminated? It is the nearest thing we have in this country to state annuity work and private profits. The profits are private, and monopolistic ownership is entirely eliminated.

MISS DAVIS.—We have here the report of the Massachusetts savings bank insurance and pension fund system for all wage-earners. We have a representative from Massachusetts who will speak to us.

MISS NICHOLS.—This system has been in operation only about one year, and of course it is on trial; it is just a local thing in the state of Massachusetts, a state undertaking, and can only be used by the people of Massachusetts; but as it is working out it is doing well and I think is reaching the people who ought to be reached. Insurance is an expensive thing at the best and it is going to reduce that expense to a minimum. Those who are interested in it and have talked with the working people find that it is very hard to convince people that they need an annuity. Many favor the twenty-year endowment; but as yet the annuity is not looked on with much favor.

MISS McMILLAN.—May I ask what the Committee on the Pension Fund recommends for us to do?

MISS DAVIS.—I think I recommended you to have a new committee formed to tell you what to do.

It would be utterly impossible if you took all the good points out of the various data that we have collected to put it together in such shape as to make it understandable or intelligent, unless it was the work of a special committee for that purpose; and when we were appointed we were simply appointed as a committee to look into this, and, as I have said, we have done our duty, and when we get through with our report we will be free. There are other and younger women who ought to take this up.

MISS McISAAC.—One statement that I would like to make is that the Massachusetts Savings Bank plan has been the cause of the reduction of the very large premiums upon industrial insurance; and any one who has looked into or knows anything practically about life insurance or endowment insurance for working people knows, and also knows from reports, that these insurance companies are immensely profitable for somebody, not usually the wage-earner, and that this new system in Massachusetts has taken away so many of the policyholders from the other insurance companies that they have been obliged to very largely reduce their premiums. The subject, as Miss Davis says, is a tremendous one, and we are not business people; and for nurses to undertake to institute any kind of an insurance or pension fund, managed by themselves, seems to all of us too great an undertaking. For us to recommend to the nurses what to do and how to do it we feel is too much for us. I think the thing that we all know that all wage-earners in this country need, is to begin very early the habits of thrift. When all of you have lived as long as Miss Davis and myself you will realize that the most tragic thing that we know anything about is the middle-aged and old nurse who has no resources in her old age. There is nothing in the world so terrible as that, and you cannot begin too early to guard against it.

ALMSHOUSE COMMITTEE REPORT

MADAM PRESIDENT AND MEMBERS: Previous to this winter, as former reports show, the almshouse committee has distributed the census blanks and printed material supplied by Mrs. Crane; has asked for standing committees of nurses to be formed in each state by the state associations; has reported that such committees were formed or promised; and has written to state presidents to explain that these committees are to be ready to work with Federations of Women's Clubs whenever these latter take up almshouse reform, and that, in the meantime, no work is laid out for them by your committee, but that each state is to do whatever it can, as seems best under its own circumstances. So much for introduction.

For the work of last winter, your committee has carried it on as follows: In verbal agreement at Minneapolis, it was arranged that Miss Dock should present the need of the almshouses to State Boards of Charities in every state where they exist, and that Mrs. Tice should bring the subject before tuberculosis associations with which she was already in relation as chairman of her own state work on that line. This has accordingly been done, ninety-five letters were written, and a number of replies have been received, though not as many as letters sent out. All the letters receive the suggestions cordially, and we may hope that our appeals have helped to stimulate action. Of the two sets of letters, those from the tuberculosis societies are the most warmly responsive, many of the others being mere formal acknowledgments. In the meantime, the committee has become directly and indirectly aware of much excellent practical work that is being begun or carried on in the direction of improving almshouse nursing, and it seems to your committee that it would be of more value to the members present to hear personally of such efforts, rather than to listen to a long written report. For this reason we are making this report short, and suggest that two or three minute statements from Mrs. Tice, of Illinois, Miss Bristol, of Iowa, Miss Sheetz, of North Carolina, Mrs. Stuhr, of Minnesota, Miss Pindell,

of New York, and others who have something definite to tell of almshouse pioneering be called for by the Chair. Your committee supposes that there may be others who can tell of something accomplished in almshouse nursing whose names are not in this brief list here given, and suggests that they rise from the floor to tell what they have done.

Respectfully submitted,

L. L. Dock, Chairman.

MRS. IDA M. TICE.—In Illinois the nurses and club women are thinking out this problem side by side. The philanthropists in almshouse work suggested that a committee be appointed to co-operate with the philanthropic committee. On its motion a list of nurses was submitted to the philanthropic committee, from which they selected nurses to make visits to the almshouses with club members. Occasionally we send private nurses in that particular locality, but in almost every instance the visit was made by local club women and graduate nurses; then they fill out the census blank and return it. We have 102 counties in the state. We took 59 last year, and of the 59, 37 returns came back, and of the 37 only 9 reported some care given to the inmates. They must realize the need for further work, for this year the Federation of Women's Clubs elected a graduate nurse as chairman of the philanthropic committee and put two other graduate nurses on the committee, so it is evident that the work of the nurses is appreciated. As trained nurses I feel that any one should give such assistance as she can to the work. This year we asked the co-operation of the county medical societies, and wrote a letter to every society in the state, asking that they take up this question at one of their meetings. I am frank to admit that I was just a little timid and doubtful as to what the doctors might think of our spirit of interfering with their practice, but I was astonished at the letters that came. We had a great many letters and they were all very favorable; and I think they have learned, as all classes of men have, that when they want anything done they look to the women to do it. We have, in Illinois, in every county what is known as the Charities Commission Auxiliary Board, and it is its business to inspect and report on all public institutions once a year to the Charities Commission at Springfield.

It is a very easy matter for us to say, "We have this committee of supervisors and what is the use of bothering about children and insane people who ought not to be in the almshouse?" but I assure you that there is work for us all to do. Some of the supervisors will do this thing that they are supposed to do and others will not. I leave it to you, when you find in one single almshouse twelve patients who died last year from tuberculosis and one more in the last stages, whether they are doing what they should do. Where we find little children in the almshouses and we have proper places for them, they are being put in the places provided for them. There is an individual responsibility and we should all share it. It is really astonishing how easy it is to get the work started. All these women want is practical suggestions, what you want and how to do it, and they are immediately busy all through the state.

We suggested that these almshouse committees, each local club, should investigate the conditions there, and supply those people with books, reading matter of large print, and many pictures, and supply them with work to do. These old ladies will always do something, if it is provided; and, if they can, teach the

men to do something, any simple handicraft, like weaving, basket-making; they could sew carpet rags if the rags were provided. We suggested that they encourage the old people to do this work, and then, perhaps, it could be accepted and sold at the Federation Clubs within the district, and the money that they earned in this way might go to purchase something for them. We suggested a graphophone, and this worked out very admirably. They are all very enthusiastic over it and it is very encouraging to have letters come in from different counties, one from Vermillion just before I left, saying next Sunday special collections will be taken up in all Sunday-schools in Vermillion County to purchase graphophone records.

Then another word, our club women are around collecting silk patches for the old ladies to make patchwork quilts, and they are as busy as they can be. In furthering the work we suggested that they meet occasionally with the supervisors and with the Charities Commission and Auxiliary Board; because in most cases these men were neighbors of theirs, of the local club women, and after a time they will want resident nurses. That is the thing we are working for, eventually, a resident nurse in the almshouse. But in the meantime we have tried to encourage the co-operation of the superintendents of training schools throughout the state. We wish they may send two pupils, if the almshouse is not too far distant, a senior and a junior, for four weeks' or six weeks' work in the almshouse. It would not do them any hurt and it certainly would work a great deal of good. Where there is an outside visiting nurse we suggest that she might possibly give a half day a week to the almshouse. She could not accomplish much herself in that way, but she could report the conditions to the proper authorities. If we could co-operate with the superintendents of the training schools, the club women, and the nurses all over the state, we are bound to work this thing out, I am sure.

THE PRESIDENT.—It seems to me this work done in Illinois is a model for us, and the suggestion of Mrs. Tice, of co-operation with the medical societies and the various local organizations, curiously enough was made to me at Mrs. Havemeyer's by Dr. Polk. He said, "Nurses are needed all over the country; but let me give you one suggestion." Dr. Polk is a far-sighted man and a man to whose opinions we may well listen: "If you want your work to grow and to tell, always consult first the people in the locality where you hope to work, then they will co-operate; but if you begin first without this consultation and friendly feeling, you will have trouble all along the line."

MISS DOCK.—Being asked for a report of the International Congress, I have only a couple of minutes to tell you about the meeting. I will just indicate briefly the chief lines of work that were done there. The international resolution, of course, on registration, was passed unanimously. The English nurses are still struggling under all of their deadly enemies and they have not yet gained their registration. I said a year ago, and I repeat it now, they will never get it until their women are enfranchised.

It is true that Germany and Belgium have each passed it; the governments of Germany and Belgium have each passed legislative acts, but those acts are very far from being satisfactory according to the standards of American nurses. It would take me off my line to discuss it. They are entirely man made, man administered, man limited; and the nurses in those countries feel that they are simply an opening wedge, a very thin wedge, and it will take many years. All

the nurses in those countries are of course suffragists, because they know they can never get their influence effective until they can share in legislation. Then the sessions on prophylaxis were very seriously taken. The nurses were very deeply stirred. One of the English nurses wrote a very wonderful paper. We had three impressive papers, and the nurses have all gone home to their countries determined to work earnestly on venereal diseases.

Now on the resolution about granting the franchise to women, I am sorry to say, I had to apologize to every one in every direction that I turned. I almost wished sometimes that I could go and hide my head under the table, I got so tired of apologizing for you, but I had to do it. I had to say, "The American nurses are not well awake on this question; they do not know what it means. They have voted in the negative there." But it did not turn out as badly as it might have. I will tell you why. One of our delegates, who was instructed to vote in the negative, discreetly disappeared. And another one, when the vote was taken, was asleep. And the consequence was, I am sorry to disappoint you, but you only got two votes against woman suffrage. The next time, when we meet in Germany, I doubt if you are let in.

The congress proceedings lasted one day. We took several new countries into membership, Holland, Finland, and Denmark. The next congress is to be in Cologne in 1912, and it is the purpose there, the intention there, to devote practically the whole of the time, probably three days, to bringing out and emphasizing all the remarkable progress of the nursing profession in social and preventive lines; so I ask you now, every one of you, to begin getting papers ready, because we want to give a great many helpful suggestions about lines for nurses on social preventive work, and Germany will be a very good place to give those suggestions. I could not go into all the joint congress meetings nor into any of the wonderful sittings, as it were, of the congress, which made it decidedly the most notable occasion, I think, that the nursing profession has ever shared in. We had a fraternal delegate there from Japan, and the Cuban Government sent three of its nurses—two Cuban nurses, Miss Hibbard in charge; the Government of Belgium sent official delegations, paying their expenses. Queen Christina personally interested herself in sending a party of four, and we have sent her a bound volume of all the reports. Nurses were there from Iceland and Norway. It was really a very remarkable gathering, and the enthusiasm that was generated was quite impossible to describe.

THE PRESIDENT.—It had been my intention to call on the members of the Red Cross committees of the various localities to give the report for their localities, but as our time has passed so quickly I will give a summary of the report as the chairman of the Red Cross National Committee on Nursing Service.

As you know, there was a committee on Red Cross work appointed two years ago to report last year in Minneapolis; and the outcome of the work of this committee was the formulating of a plan for a national enrolment of the Red Cross nurses; the conditions under which this enrolment was to take place were to be outlined by a national committee nominated by the Associated Alumnae and the Superintendents' Society, and appointed by the War Relief Board of the American Red Cross. The committee appointed was as follows: Jane A. Delano, chairman, Washington, D. C.; Georgia Nevins, secretary, Washington, D. C.; Anna C. Maxwell, New York; Mrs. Isabel Hampton Robb, Ohio; Mrs. George Lounsbery, West Virginia; Sophia F. Palmer, New York; Mrs. F. Tice, Illinois; Margaret A. Pepoon, California; Mrs. Whitelaw Reid, New York; Mrs.

William K. Draper, New York; Linna G. Richardson, Oregon; Emma M. Nichols, Massachusetts; Major Charles Lynch, U. S. Army; Surgeon Middleton S. Elliott, U. S. Navy, Dr. William H. Welch, Maryland.

The committee has held two regular meetings since its appointment, and several informal meetings in Washington. I will not go into the outline of the plan, as it has all been published in a book which I think has been pretty generally distributed. The scheme for enrolment is accessible to you all, but it seemed best to divide the country into sections, assigning to the nurse member of the committee in that locality as many states as she was willing to undertake or as seemed advisable for her to have. I will just read the names of the states and the member of the committee to whom they were assigned. We were not able to begin this work until after the meeting of the Red Cross in December, then, unfortunately, I met with an accident and was not able to write for six weeks, so the work has been crowded into the last few weeks with a most astonishing response, as I think you will agree when I read the report.

Mrs. Tice has a large territory. She took the whole of New England. Miss Maxwell took New York and New Jersey. New York is really at work with Miss Dewey, of Brooklyn, as chairman, and Miss Maxwell has New Jersey well under way. Miss Nevins has the District of Columbia and Maryland, and has completed her work, as far as state organization is concerned. Miss Anna Greenlees is chairman of the District of Columbia. Miss Baker, chairman of the Maryland district. Mrs. Lounsbery took a very good portion, West Virginia, North Carolina, South Carolina, Georgia, Kentucky, and Tennessee. She has West Virginia well in hand. Their committee is hard at work. Georgia is organized with Mrs. A. C. Hartridge, of Augusta, as chairman. Tennessee, which has lately been admitted to our association, with Miss Lena A. Warner, of Memphis, chairman. Mrs. Tice also took a large slice out of the states of the middle west: Illinois, Michigan, Iowa, Missouri, Arkansas. Illinois is organized with Adda Eldredge, chairman; Louisiana, with Ella Wall, of New Orleans, chairman; Miss Pepoon has California, Nevada, Utah, and Arizona; Miss Richardson has Oregon, Montana, Idaho, Washington, and Wyoming.

To myself, as chairman of the committee, came the mother's share, all those states which did not seem to fit in any locality, many of them without state organizations. I am sorry that I am not able to show a better report of my own work.

Pennsylvania has begun its organization. Delaware has not been communicated with. Mrs. Lounsbery is going to consult with Virginia to bring about an organization, while the delegates are here. Florida has no state organization. Texas is at work and I hope will very soon be organized. North Dakota and South Dakota have no state organizations. Nebraska has, and has a delegation here, and we hope to have something done before they go back.

Kansas has no state organization. Colorado has. New Mexico has none. Alabama has none. Mississippi has none. Ohio is organized with Miss Johnson, who is in charge of the district nurses in Cleveland, as chairman. Indiana is organized with Miss Elizabeth Johnson, of Indianapolis, chairman. Wisconsin, one of the two states admitted this session, is organized. With the true western spirit they had their committee all appointed in case they were accepted, so there was very little trouble, and Miss Matthews is chairman.

I think you will agree with me that this is a good showing for a very few weeks' service.

REPORT OF THE COMMITTEE ON REORGANIZATION

MISS GENEVIEVE COOKE.—Some months ago recommendations of the Committee on Reorganization were printed and sent to the associations throughout the country, in order that they might consider the points to be discussed.

THE PRESIDENT.—The first point we will take up is in regard to the change of the name of the association. This cannot be amended to-day, but recommendations can be made to the Committee on Constitution and By-laws, that it will offer as an amendment next year something which may be acted upon by the association.

MISS PEPOON.—It is very important that we should have a name which is both comprehensive and easily pronounced and entirely euphonious, and also the abbreviation of which will be convenient to write. So many names of organizations and associations that have to be continually written over and over again have such long names that the time taken in writing them out and the time taken in speaking them is a great drawback. Now if we could have a name like the American Nurses' Association or the American Graduate Nurses' Association; we have three or four letters which will stand for it and we can use it in one second. I think "American" is a very great improvement on "National." The National Nurses' Association means nothing, the American Nurses' Association or American Graduate Nurses' Association comprehends the whole thing, wherever spoken, or in whatever country mentioned.

MISS GILES.—I want to say, Madam President, that "American" takes in Chili, as well as the rest of the United States. "American" takes in all countries of all America, North and South America, and I think that we do not intend it to go that far. I do not believe that is the intention of this association.

MISS DOCK.—MADAM CHAIRMAN AND MEMBERS: I would like to see this association an association of nursing societies,—a federation, and I do not see why we should not call it The American Federation of Nursing Societies; then all the societies in our whole country are affiliated with it. I have always wanted to see the Spanish-American War Nurses and all the other leagues of nurses affiliated in this one central body, and it seems to me now that time has come. If we call it The American Federation of Nursing Societies it would cover everything. Either societies or associations, it doesn't matter, but the American Federation of Nursing Societies or Associations, whichever you prefer.

MISS DAVIS.—What shall we do with the superintendents? How are those to be federated?

MISS DOCK.—They are affiliated.

MISS DAVIS.—That leaves out "affiliated."

MISS DOCK.—They don't use the word "affiliated" now. I would like to say that at present the Superintendents' Society is affiliated with the Associated Alumnae of the United States under the title "American Federation of Nurses." So if they are now affiliated how can they object to affiliation? They are already affiliated. That is the body that enters into international relations. It seems to me that all we want to do is to widen our affiliations, still further to affiliate all sorts of other groups of nursing societies, if they are not yet affiliated; the Spanish-American War Nurses have them affiliated; the Visiting Nurses and like groups, and Public School Nurses, let them affiliate; the nursing settlements—any group that wishes to affiliate, let it affiliate, and on the basis that we are simply associated and it is a membership of all under one common title.

MISS GIBERSON.—Does that include the Association of Panama and Central America, if we made it the American Federation, or would it be the Federation of the United States? Would that include Canada? That is always confusing, if it is American instead of the United States.

MISS PEPOON.—I would like to ask Miss Dock how they are spoken of in other countries, whether or not American and America in other countries means the United States?

MISS DOCK.—It does in a sort of way, generally, of course. That cannot be literally so, and if Canada thinks it would not be courteous to call ourselves American, then we could call ourselves The Federation of Nurses' Associations of the United States. I am not so particular about the name of the country, the point I am particular about is to get a title that will enable all our groups of nurses in the region that we expect to cover to affiliate together under one title and have central meetings, with their different sections and departments under one name, and be recognized as one national body composed of all these many parts.

MISS MAXWELL.—I think when we are abroad and speak of being "American," we are usually asked whether we are from the United States, South America, or Canada.

MISS PINDELL.—I know that foreigners or people on the other side of the water usually speak of us as being from "the states." You hear that frequently.

MISS NUTTING.—There is, I believe, one organization already known as The American Federation of Nurses, and I am quite sure that any action taken to use that name now would have a direct bearing upon something which is already existing and not serviceable, and I think as a matter of courtesy, whether or not as a matter of future practicability, but as a matter of courtesy, I think we should consider what would happen to The American Federation of Nurses when another American Federation of Nurses comes into existence.

MISS DOCK.—The American Federation of Nurses is not incorporated, so it would be simply an enlargement of the term.

MISS GIBERSON.—I would like to suggest for a name "The United States Graduates Nurses' Association." It seems to me we are all graduates, whether we are superintendents or nurses, and that would cover the entire thing, the United States Graduate Nurses' Association.

A MEMBER.—If it is in the form of a motion I would like to amend it to make it The Graduate Nurses' Association of the United States.

MISS NUTTING.—I think this is an important and serious matter, and I think it hinges on whether we should have individual membership, as has been suggested, or whether we want it to be a federation of societies, as has also been suggested. If the question of individual membership alone is to be considered, there can hardly be a better title than The American Associated Alumnae; because associated alumnae does not necessarily mean societies. Every one of us is an alumna of some school. I think the name Collegiate Alumnae sets a guide, as that covers the alumnae of certain standards, and probably we have a number of collegiate alumnae here, but I do believe before we settle upon a title it should have very careful consideration as to just how we are going to organize.

THE PRESIDENT.—Whatever we do to-day is not a final decision. It is simply a recommendation to the Committee on Constitution and By-Laws, and

the thing will be open and discussion expected when the amendment is offered to the constitution; so that it is not an absolute and final decision. We must not give it too much time to-day, because there are questions which we *can* absolutely decide. Miss Nutting has struck at the root of the matter, which is the form we wish this organization to take? Now those are questions which we can settle, and as no motion has been made as to this question of name, it seems to me we might go on to a question which we can settle, and then after we do settle the form we may come back to this question of name.

We can very quickly decide whether we wish to have these meetings annually or once in two years, depending, as the suggestion was made, upon the state organizations to carry on the detail work in the intervening year.

MISS COOKE.—A number with whom I have talked on this subject seem to feel, after considering the matter some little time, that while at first we are loath to give up the annual meetings, it seems really wisdom to have the meetings once in two years. That would allow, for one thing, the organizations to recuperate their funds, and the individuals to do the same in the interim, and of course, the work would go on in the state exactly the same; since we are planning now to have our inter-state secretary possibly the organizations' work will be stimulated just as much during the interval as it would be to have the delegates attend the annual meeting, so that it seems a good suggestion, meeting once in two years.

MISS McISAAC.—I would like to support what Miss Cooke has said. It would seem to the older members of the association, and has for some time, that we must come to the meetings once in two years. It is very largely a question of expense; because the meeting every year calls for so much expense and so much work and the taking away from the local societies many times what they really ought to have, both in the way of time and work and money.

MISS NUTTING.—May I add a word in support of Miss McIsaac's and Miss Cooke's suggestion? I have heard many times from associations of graduate nurses of the expense of the attendance at these conventions, and I do know that the multiplication of our local societies and state societies and our other societies, and the amount of work involved for women who are already working almost to the limit, is very, very great. Then I think we have to consider the territory from which we come. It is almost as if we were gathered together from all over Europe. In fact, it is quite as if we were gathered together from all over Europe, and more so, even, because the distances are so great here and the time and expense involved in coming is so large.

I think Miss Dock will answer me if I am not right in saying that there is no annual national meeting in Europe. They do not meet every year. They do not feel that they can afford it, to meet every year.

MISS DOCK.—Not their national meetings. Their countries are small; they meet every year.

MISS NUTTING.—I would approve that this enormous country be divided up into something smaller. Teachers find it necessary to have an eastern division, a western division, and a middle division. We are women of not enormous incomes; I know where individuals have economized during the entire year to pay for one convention, and it is wrong. Conventions cover a whole week and the expenses are very great.

I know alumnæ associations have found it very difficult indeed to meet the strain of sending their representatives, and I know the treasurers are appre-

hensive afterwards. I know many in this enormous country find it difficult to support the annual meetings; and I am inclined to think that if we met once in two years and the divisions and sections in the interval, it should be very favorably considered.

THE PRESIDENT.—May we hear from some other member, some who have travelled long distances to come here? If there is no further discussion, are you ready for the question? It has been moved and seconded that we recommend annual meetings. Motion lost.

THE PRESIDENT.—Now the next question that we have to consider is membership; shall it be individual or shall it be federated, federated as it is at present, of the alumnæ, state, county, and city organizations, with a growing list of permanent or individual members? Now let us take up the first question, simply shall it be individual or federated as it is now?

MISS WHITAKER.—I move that we still be a federation.

THE PRESIDENT.—The motion is that we still remain federated as at present with individual and permanent members. The subject is open for discussion. If there is no discussion are you ready for the question?

(The question was called for, put to a vote, and carried.)

THE PRESIDENT.—Now the question as to the payment of dues for individual members. This may be final, as the By-Laws may be amended by unanimous vote. Shall the permanent members be asked to pay individual dues? Shall we embody in this question the subscription to the JOURNAL?

MISS GIBERSON.—Can we not make this as a recommendation to the committee instead of taking final action on it? I move this be referred to committee. Carried.

MISS NUTTING.—May I just ask if these individual members are the permanent members that you want to have pay three dollars? They are already paying their per capita dues through their alumnæ associations.

MISS COOKE.—May I say in regard to this per capita through the alumnæ, the alumnæ then have the privilege of being represented by this individual, but the individual, in paying her dues, has the privilege of representing herself as well, and as a permanent member. So that the alumnæ lose nothing, and it is just as well to pay that ten cents, or whatever it is, for the privilege of being represented by this individual member and the member being also privileged to have her individual vote. If the dues are made three dollars for individual members that will include, if you so wish, the AMERICAN JOURNAL OF NURSING.

MRS. E. BALDWIN LOCKWOOD.—I move one dollar annual dues for permanent members, to include the JOURNAL subscription.

MISS TOUPET.—Madam President: I move to amend to strike out one dollar and say three dollars, including the JOURNAL subscription.

THE PRESIDENT.—The amendment is to strike out one dollar and insert three, including the subscription to the JOURNAL.

MRS. LOCKWOOD.—Is it in order to object to the amendment?

THE PRESIDENT.—No, we must put the amendment to a vote. Is there any discussion of the amendment?

MISS HILLIARD.—It would seem to me that any one who is interested enough to be a permanent member would be already a subscriber to the JOURNAL.

MISS GIBERSON.—I think a great many subscribe to the JOURNAL through their alumnæ associations. May I ask why they want to send the JOURNAL to the permanent members? Are they not subscribing now?

MISS COOKE.—They would simply subscribe permanently and make the one payment to the national secretary and their names would continue on the JOURNAL list. It would not be another subscription.

MRS. LOCKWOOD.—I would consider it unethical to include the subscription to the magazine in the dues.

MISS TOUPET.—The amendment is that three dollars dues be inserted instead of one dollar, and subscription to the JOURNAL be included.

Motion lost.

Mrs. Lockwood's motion that the recommendation be made that the annual dues of permanent members be one dollar was carried.

THE PRESIDENT.—You understand that this is only a recommendation, not a final vote. It is a recommendation to the Committee on Constitution and By-Laws.

MISS McISAAC.—One dollar is not enough for permanent membership.

THE PRESIDENT.—This is only as a recommendation, so it is possible that Miss McIsaac may have further opportunity of expressing her opinion.

MRS. TICE.—I feel sure that if the members individually realize how hampered the directors are for funds they would appreciate why I want to have the permanent members pay dues. They really haven't money enough to carry on this organization. They are hampered all the time, they are digging down into their pockets for expenses for your good.

MISS GIBERSON.—Why not raise the dues for our alumnae associations and state associations?

MRS. TICE.—They should be raised. I consider it decidedly undignified for great state organizations, some of them two or three thousand strong, to pay a paltry five dollars annual dues to the association.

MISS GIBERSON.—I move a reconsideration of the previous motion.

THE PRESIDENT.—Does Mrs. Lockwood consent to a reconsideration of her motion?

MRS. LOCKWOOD.—May I ask for an explanation of what the reconsideration would include?

THE PRESIDENT.—May I ask if the member who moved for a reconsideration voted on the negative side or affirmative side?

MISS GIBERSON.—On the affirmative side.

MISS NUTTING.—May I ask one question? How rapidly do we increase in permanent membership? How many permanent members do we add to our members during the year, and what does this mean by individual membership? Some of these days we will have hundreds and hundreds of permanent members, and after all it will be a matter of individual membership, I should think.

THE PRESIDENT.—The secretary tells me last year it was seventy-seven. So it is not such an important question, and it will be open for discussion next year.

We will go on to the next question to be considered, and that is the question of officers: that in addition to the Board of Directors there be a Council, to be composed of presidents of affiliated state associations. I think this is a matter that can only be amended by previous notice. Will some one make a motion in regard to this question, whether the Board of Directors shall include the presidents of affiliated state societies?

MISS MILNE.—I move that in addition to the Board of Directors there be a Council composed of presidents of affiliated state societies. Carried.

FRIDAY AFTERNOON SESSION

THE PRESIDENT.—It is with the greatest possible pleasure that I introduce to you this afternoon a physician who has been very closely connected for many years with the work of nurses, first in a large state insane asylum in the north-western part of the state, and afterwards as Medical Superintendent of Bellevue Hospital, later president of the New York State Commission in Lunacy, and at present the Medical Superintendent and Director of the large Manhattan State Hospital for the Insane. Now I think you will agree with me that Dr. Mabon can speak with authority on the subject of the "Care of the Insane."

THE NURSING CARE OF THE INSANE

By WILLIAM MABON, M.D.

Superintendent and Medical Director, Manhattan State Hospital, Ward's Island,
New York City

THE advent of the trained nurse was one of the great steps forward for the human race and to the nursing profession must be attributed a substantial part of the success in the treatment of diseases and the wonderful progress of medical science in the past few decades. The medical profession is glad to acknowledge the debt it owes the trained nurse.

The work of the nurse now is specialized and there are many forms her activity takes, to reach all classes of the sick, to care for them, and teach them how to care for themselves. Notwithstanding this fact, there is an important class, the insane, greatly in need of the best nursing care, which, up to the present time, has not reached the proper standard. It is true that we have mental nurses, graduates of nurses' training schools, but they, in the beginning, were trained by physicians, and this method of training still prevails in many institutions. The nurse trained in the general hospital usually knows nothing of mental cases and is not always inclined to think their care a nursing problem. As a rule, the general nurse has too often been disposed to regard the mental nurse as occupying an inferior position, and it is this lack of sympathy and co-operation that makes the work of the psychiatrist harder, for the cure of insanity is to a considerable extent a question of good nursing. Contrary to a generally held belief, the care of the insane cannot be learned in a few weeks, but takes long months of training under specialists.

That there is an awakening interest on the part of your profession in the nursing care of the insane is evidenced by your invitation to me to discuss the subject before you. To those of us engaged in the

work, this interest is very welcome. The fact that there are more than 32,000 committed insane cared for in institutions in the state of New York alone, and that it is the largest single item in the expenditure of the state, indicates that the problem is not a small one.

The idea formerly prevalent, and possibly to some extent to-day, that the mental nurse did not need the equipment of the general nurse, has no foundation in fact, for the insane are subject to the same diseases as the sane, and, with the single exception of children's diseases, the nurse caring for them must have a knowledge of the same conditions and work. In addition, she has the great responsibility of caring for those mentally unsound, who by reason of delusions, excitements, confusion, delirium, or retardation are unable to co-operate with her and whose statements are oftentimes misleading or utterly unreliable. To show you that the care of the insane demands a great deal of nursing, as we generally understand the term, I give a brief summary of the medical and surgical work in purely physical conditions of the Manhattan State Hospital for one year.

During the past fiscal year the institution had 71 cases of infectious diseases, including erysipelas; 210 cases of tuberculosis; 132 cases of intestinal and other disorders of the digestive tract; 38 of abdominal and pelvic diseases, not surgical; 218 cases of pneumonia and other diseases of the respiratory system; 139 cases of diseases of the cardiovascular system; paralyzes and other nervous diseases excluding insanity, 90; miscellaneous general diseases, 131; surgical conditions without operation, 239; gynæcological treatments and pathological conditions in women, 400; genito-urinary conditions in men without operation, 16; 40 fractures; 5 obstetrical cases; 100 surgical operations, a large percentage of which were major. The average daily number in bed from all causes was 366, requiring, of course, special attention. You will, therefore, see that there is abundant opportunity for the pupil nurse to receive her training in caring for those suffering from physical diseases.

As for the qualifications necessary for a good mental nurse, I would say that a higher standard of intelligence and more education is needed, if anything, than for the general nurse. She must have great self-reliance and self-control, infinite tact, firmness, yet be gentle and kind, have courage, a cool head, ability to act in emergencies, and plenty of good common-sense. She cannot trust her patients to tell her their symptoms, consequently, her powers of observation must be trained to a greater extent than those of the general nurse, and she must learn to sift the essential from the non-essential. She has indeed to discover

many of the symptoms about which the patient may make no complaint, or which he may even try to conceal. The psychiatrist has to rely on the nurse a great deal for important data regarding the case, for the patient may succeed in suppressing the most important symptoms in the presence of the physician. You will find it true that the mental nurse needs and usually has better trained powers of observation and ability to draw conclusions than has her sister in general practice. It is upon the mental nurse that we depend for the details of psychotherapy.

There are some special subjects which properly belong to the technic of nursing, which the mental nurse has to do especially well. Among these are hydrotherapy in all its forms, including packs and hot-air baths; massage; special feeding, spoon feeding and tube feeding; care of epileptics during and after convulsions; direction in entertainment, occupation, and diversion of patients, etc.; the care of bed cases; probably the hospitals for the insane provide the best care for this helpless class that it is possible to give. As the methods of nursing the insane have improved, there has been a diminution of mechanical restraint and seclusion, formerly so generally used, until now it is but little employed, except occasionally to prevent persistent attempts at suicide, and sometimes for surgical reasons, as after an operation, to prevent the patient tearing away the bandages and dressings.

All of the New York state hospitals for the insane now have training schools for nurses, and most of these are registered with the Department of Education at Albany. In many of the schools the work is under the immediate charge of a superintendent, a registered nurse, with both general and mental hospital experience. The usual salary is \$1,200 a year and maintenance, and she ranks as an officer. An assistant superintendent may also be provided at \$900 a year and maintenance, where needed. This is in line with the principles of general nursing. The course covers two years, the pupil nurse receiving the pay of an attendant. This averages considerably more than is paid the pupil nurse in the general hospital school.

During the first year the junior pupil nurse has three months' training in assisting in acute medical and surgical cases; two months in the excitements of acute insanities; two months in the depressions, confusions, and delusional states of acute insanities; three months in the care of infirm and chronic bed cases, one month of which is night duty; and one month in the care of tuberculous insane. She also receives two weeks' instruction in the dispensary, being on duty for half a day at a time.

The senior pupil nurse has three months in the acute medical and

surgical service, of which one month is night duty; two months in the excitements of acute insanities, of which two weeks is night duty; two months in the depressions, confusions, and delusional states of acute insanities, of which two weeks is night duty; one month in the care of the tuberculous insane; and one month each for the convalescent and epileptic. During one month she spends daily several hours in the diet kitchen and six hours during the month in the laboratory. Each pupil attends at least six gynæcological examinations and clinics. They also benefit by special clinics and instruction given by visiting consultants in gynæcology, ophthalmology, laryngology, odontology, gastro-intestinal diseases, surgery and cardiovascular diseases. A number of the schools have arranged with general hospitals to give their senior pupils such training in obstetrics and children's diseases as cannot be had in the state hospitals.

One of the great needs of our service is the furnishing of special accommodations for pupil and graduate nurses, separating them thus from the ordinary attendants. They should have their separate home, special dining-room, special studies, library, etc. They should not be compelled to do the rough cleaning in the wards, but this should be left to the ordinary attendant. This very thing is most important to enable us to secure more of a superior class for training and finally for supervision in the different wards. By doing this, and providing sufficient compensation for the charge nurses, we would be able to retain more of this class in the service. We need more persons of refinement, intelligence, and broadmindedness for the work, and to secure them we should be able to offer greater inducements.

I would like to emphasize the difference that must exist in the methods used by the general nurse and the mental nurse. The former, when she has carried out the orders of the physician, complied with the reasonable requests of the patient, been prompt with her duties, has been able to cope with whatever complications arise in the disease, and has shown consideration for those with whom she comes in contact, has fulfilled her duty as a nurse. In the case of the latter, a patient must also rely on her many times for her physical needs, often when she cannot express them, and often when she refuses the nurse's ministrations and forcibly resents that which is for her own good. In addition, the mental nurse is one whom the patient must obey and, therefore, must be a trusted, firm, respected, sympathetic friend to the one dependent upon her.

There are certain factors necessary for the cure of any disease. The patient's family may recognize their necessity, but in insanity does

not know how to cope with the refusal of food, the unresting activity of a case of mania, or the loss of interest in life, maybe suicidal tendencies in a case of depression. The physician cannot be with the case at all times. Consequently the nurse must know how and when to feed, thus preventing loss of strength, persuading those who refuse food to take a little, and curbing the appetite of those who have no judgment in eating. The good mental nurse will do everything to promote a sufficient amount of sleep, and by suggestion, example, persuasion, and commands, if necessary, do everything possible to restore a normal mental activity. She must calm, if possible, the excited, and cheer the depressed, and it is here that her knowledge of psychotherapy is most important. There is no group of diseases in which this form of treatment is more satisfactory than diseases of the mind, and the competent mental nurse will oftentimes unconsciously exercise her influence and bring results which no medicines can give. When physical disease is complicated with the mental, as is often the case, the nursing problem is one that calls for ability of the highest order.

Physicians in general practice evidently realize the difficulties of the situation, for hardly a week passes that our special hospitals do not have calls for trained nurses to take charge of mental cases in private practice. Many of these calls have to be refused, for the nursing force is insufficient to supply both the needs of the hospital and the outside public. The general nurse in private practice is not always fitted to take such a case, even if she is willing to do so, and our experience would indicate that there is a considerable demand that is not being properly met. The pupil nurses of Bellevue Hospital are particularly fortunate in having part of their training include mental diseases, and the large number of patients who go through the psychopathic wards of that institution furnishes ample material for this purpose. The resident alienist of this hospital, a well-known specialist, gives a course of lectures on this subject.

It would, therefore, seem wise for the general nurse to take a six months' course in a hospital for the insane, thus rounding out her training and preparing herself for every call. On the other hand, a nurse, in addition to the general and special training given at a hospital for the insane, should receive at least six months' experience in a general hospital, paying particular attention to obstetrics, diseases of women and children, and such physical diseases as are not met with in the special hospital.

It may be of some interest to those assembled to know what

psychiatrists mean by insanity. The general belief seems to be that insanity is a single disease. As a matter of fact, to the alienist, the statement that a patient is insane conveys no more meaning than does the statement that a patient is sick to you. Insanity is a general term for a multiplicity of conditions, which differ in origin, characteristics, and outcome, and their management and treatment is correspondingly different. The only common factor in this group of disorders is the accompanying mental alienation, a symptom that instantly commands attention. The point to remember is that the insanity, that is the mental upset, is frequently regarded as a manifestation of some physical condition, in some cases understood, in more, I am sorry to say, we have not as yet been able to solve the problem. We do know that in certain individuals a definite series of causes is liable to produce a mental upset, or a physical condition expresses itself in a mental upset.

I cannot devote the time to an enumeration of the recognized forms of insanity, but I would say that about thirty forms, or groups, are now classified, some of which are very large and have numerous subdivisions. To indicate in a general way, some are due to gross changes in or injuries of the substance of the brain; some result from toxic material, as alcohol, opium, and other drugs, or the products of bacteria; again, some are associated with other nervous disease, as chorea, hysteria, epilepsy, and neurasthenia. One form, the manic-depressive, has two phases, one manifested by great physical and mental overactivity, that is maniacal excitement, the other by a depression with mental and physical retardation; frequently these phases alternate in the same patient. Sometimes the insanity is a disorder of the thought processes, leading to misinterpretations and false ideas, and without evidence of being accompanied by any physical disorder. In a large class there is a general mental enfeeblement, oftentimes with pronounced physical changes due to organic disease and frequently associated with senility. Others, again, may be the outcome of inherited or acquired constitutional states, rendering the subjects peculiarly susceptible to the upsetting influences of incidental physical or mental experiences presenting difficulties in adjustment which the normal person can overcome, but which here lead to mental breakdown.

You can see that routine treatment will not do in mental disease, but that each individual case must be dealt with according to its needs. It is in this field that the good mental nurse has the greatest opportunity for developing her personality, which she does by studying her patient's needs and peculiarities, thus individualizing the treatment and

trying to entertain and divert the diseased mind to normal, healthy channels. In the state hospitals this is frequently done by trying to interest the patient in some occupation or diversion. To this end we are developing the work along the usual industrial lines, and in addition have special classes in raffia and brass work, embroidery, and lace making, art work, water colors, and the like, folk dancing, singing games, calisthenics, and many other forms of diversion. The idea, as you will see, is to get the patient out of a rut, to break up the vicious circle of mental habits characterizing insanity in certain forms, and to prevent the introspection and brooding so common among the insane. This work, which is now being developed, is comparatively new, but enough has been accomplished to show that it has great possibilities for good. Following the acute stage in certain forms of insanity, we find a loss of memory, or a progressive indifference, carelessness, lack of control and judgment, which oftentimes rapidly becomes worse. This is known as deterioration or dementia, and it is to arrest this that we are now striving, by a process of re-education, as it were, to restore the mental activity sufficiently to enable the patient to live outside an institution, if that be possible, if not, at least to make her a more useful, contented, and happy member of the hospital community.

Here is nursing work of the highest character—an opportunity to be something more than the nurse has been heretofore, and to do more than we have ever been able to do for the insane. It is an opportunity for the nursing profession to enter a field of the broadest usefulness heretofore neglected that promises good results. The economic loss to the state resulting from confinement of the insane amounts to an enormous total and any reduction we can make by increasing the percentage discharged is well worth the effort.

It seems to me that the time has come when the nursing profession should accord the mental nurse the recognition that is her due, for her work is equally noble and self-sacrificing. If the leaders in nursing work will turn their attention to the problems connected with the care and treatment of the insane and help us to solve them, the nursing profession will be the better for it, the insane will reap great benefit, and a forward step for humanity will have been taken.

The old prejudice against the institution for the insane and the insane themselves dies hard, but gradually the public generally is coming to take a more normal interest in the insane and their care, and we hope, in time, people will turn as freely to the special hospital for mental troubles as they now do to the general hospital for their physical ills. This will be of great help to physicians in our special line in

that it will permit of much earlier treatment than is now possible in many cases where the patient is sent to the hospital only as a last resort.

Your profession should know more of the insane and their needs, so that you may help to mould public opinion along proper lines. It should be recognized that the insane man is a very sick person and is in need of help, not a weird, perhaps dangerous, individual to be hustled off to the hospital and forgotten as speedily as possible. The public should know that insanity is a condition calling for hospital treatment and careful nursing the same as any other disease, and that skilled physicians and nurses are ready to care for such patients. If nurses generally will do more to recognize the mental nurse as a fellow co-worker, and will consider the care of the insane from the nursing viewpoint as a legitimate field of activity, it will help in two ways. First, by encouraging more pupils of a superior class to apply to us for instruction. Second, by emphasizing to the public that the insane are truly under the care of nurses, and not "keepers" as generally supposed. If we can overcome the public distrust and dread of the insane and all connected with them, the way is opened for larger opportunities for good and better progress in the care and treatment of this unfortunate class.

In a number of institutions for the insane, most of the wards for men are in charge of women nurses and the results generally have been excellent. For the hospital and reception services, especially, women nurses are peculiarly adapted and have brought about greatly improved conditions. It is the custom, generally, to pay such women nurses the salaries men in the same positions receive. The moral and restraining effect on men patients is a powerful factor for good and the patients themselves frequently speak of it.

On the other hand, suitable men are admitted to the state hospital schools on equal terms with women, they receiving a special course in genito-urinary diseases in place of the work in obstetrics and gynecology. There is a place for men graduates in the institutions and there is a demand for them outside in private work. The same general remarks regarding living conditions and compensation would apply as for the women, though the item of compensation is probably more important in their case.

In this paper I have been able to develop nothing new, but if I have succeeded in drawing your attention to the situation with its opportunities and its needs, I shall be content, for I am sure that as soon as the nursing profession generally realizes the extent of the field

here, not yet provided for, prompt steps will be taken for relief. The medical profession also has heretofore been somewhat lax in teaching a proper knowledge of mental diseases to its students, as well as the nursing profession, but the trend of the times is for more thorough treatment of the subject.

There is another phase of the matter I have not touched upon here, that is the prevention of insanity. Just now this is engaging the attention of psychiatrists and philanthropic organizations and plans are being elaborated for the prosecution of the work. To accomplish what is needed will require many workers in different fields of activity and I am sure the nurses of the country will do their part, once the need is made plain to them. We have every reason to believe that prophylaxis will play as great a rôle in the field of mental diseases as in physical and that the skilled nurse will be as important a factor in one as she has been in the other. The field is new, however, and our progress for a time must be slow, for there is no past experience to guide us.

I therefore ask you to make a careful study of the needs of the insane from a nursing and social workers' standpoint, for the need of more efficient management exists and is daily becoming more evident. Whatever you may accomplish for the welfare of this class will add to your honorable record, as well as benefit humanity.

THE PRESIDENT.—This paper comes at an opportune time, as we have a Committee on Nursing of the Insane, and it seemed suitable that Dr. Mabon, who is an authority on this subject, should deliver this paper, by an outlining of the needs and possibilities. I am sure this body of women does not need to be convinced of the needs. I am quite sure they will co-operate and continue this work, which was taken up a few years ago under the direction of this Committee on the Nursing of the Insane. And I am sure we are all most grateful to Dr. Mabon for this splendid paper. Miss Cleland, of Providence, Rhode Island, will follow with a report.

MISS CLELAND.—At the Providence Hospital in Rhode Island we have, in the last year, started a special course of training. We require a two-year high school education in the applicants. Since starting the three-year course we have found it much easier to get applicants for our training school. We have a surgical clinic, they have work in the dispensaries, in the diet kitchen, in massage, and in the hydrotherapy treatment, which, of course, we use a great deal. Our text-books are the same as those of the general hospital and our nurses this year have started a club. The undergraduates have written papers and have in many ways been interested in doing everything they can to progress. I think the feeling exists in the general hospital training schools that they do not need our training, but I feel that in hospitals for nervous and mental cases the nurses are taught to observe accurately and are taught in every way to consider their patients, to interest them, not in just keeping their minds off

themselves, but by every other means that they can, so that the patients' progress will be rapid to recovery. I can only voice the sentiments of the paper that has already been read by Dr. Mabon in regard to the good nurses for our mental cases. We really need the very best nurses for that kind of work, and I feel that when we can have an interchange of nurses between the general and state hospitals that we can progress very much more rapidly than we have in the past.

During the spring and summer months our patients are kept out-of-doors, playing tennis, golf, and basket ball; and we take the classes in basketry, embroidery, and that sort of thing out-of-doors and have our patients keep busy out in the open air.

MRS. TICE.—I would like to ask Dr. Mabon if they give post-graduate work to supplement the work of other schools?

DR. MABON.—The King's Park State Hospital has recently undertaken post-graduate work and I think most state schools will eventually do the same.

CONCERNING OUR ETHICS

BY HELEN SCOTT HAY

Chicago, Ill.

IN this paper I do not presume to offer a new code of professional ethics—a task as far above my finite powers as writing a Bible. I am not attempting to show you any easy path to right living; to present any new truths or to disguise old ones in epigrammatic dress. What I have to do is merely to emphasize a few facts that we know very well—that ethics is not a question of law but of living; of practice, not of precept; that the value of any ethical system is dependent not on moral rules but on moral qualities. Sets of rules never have made, never will make people ethical or law abiding. Every school, every city, every state has its laws that are recognized dead letters and which, however desirable their enactment *might* be, would better, because of their neglect, be done away with altogether. What we need, individually and collectively, is not a revised code or a new code, but some thoughtful consideration of our own ethical resources. I speak to all, the graduate from the small hospital and from the large one, the institutional worker and the nurse on private duty. For is there any one of us who in this regard would say, with the Pharisee "Lord I thank Thee that I am not as other men are." Surely not! Whatever of honest effort, of conquered selfishness, of accomplished good, any of us may be able to claim, at best ours must be the publican's prayer "God be merciful to *me*, a sinner!" And as we know that in our ethical life we are faulty and inadequate, so also we know that the remedy for our defects lies not in the establishment of code but in the proper development of character.

Most of us have arrived at a time when we regret alike the few years of opportunity before us, and the years behind us that have in them so much less than they ought of beauty and usefulness. None of us doubtless have been leading butterfly existences, and there have been long, long weary days of work and care. But with all this how petty and selfish our motives oftentimes; how fault-finding and irritable; how little done of the vast opportunities that came to our hand; how much neglected that meant irretrievable loss to the school, the work, the individual, and to the shaping of our own characters. Lessons we had from the best of teachers, but we forgot them in our new responsibilities, or resented them with our new cares and annoyances. But because we know now that one way or another we have lost tremendously, we ought to be doubly zealous that the pupils of the present generation are safeguarded against these same distortions of character; that they are given in the lives of each of us the wholesome examples that shall inspire in them a high regard of their duties to themselves and to others. And to help to a little profitable introspection out of which shall come more thoughtfulness in our lives—for our own sakes, for the sakes of the younger people who are daily getting their life lessons from us—to make us think if only for a little on these things that are of so much virtue, this would indeed be the worthiest purpose I could covet for this paper.

In this brief survey I shall speak of three lessons that it seems to me need emphasizing with us. They set forth no new principles but they represent principles essential to a correct recognition of our duties, as a neglect of any or all of them means selfishness, injustice, wrongdoing, and all the deviations, great and small, that go with self-seeking, wilfulness, and conceit. Out of a knowledge of some of our most conspicuous faults and necessities I have chosen these three lessons as being essential to the correction of the defects themselves, important to our development, and, therefore, the things we would better talk about.

The first lesson I shall call the Lesson of Correct Discrimination—of correct valuation of things, the lesson that recognizes first, last, and all the time, that more important than order, or cleanliness, or technical skill, or our large ideas of how things ought to be, is the *good* of humanity. I am aware that the best of our teachers have always emphasized the importance of genuine sympathy in the equipment of the nurse. But equally true is it that one of the unfortunate first lessons that the new pupil learns is when she is permitted to straighten the ward at the cost of even one patient's comfort. The head nurse, ninety-nine times out of one hundred, would disclaim any but the most

kindly motives and intentions, but equally ninety-nine times out of one hundred her criticisms are directed toward the degree of order maintained, and not to the humane aspects of the case. And considering how impressionable we are in the first days of our training, need we be surprised to find that these first lessons are the ones that "stick," and that tremendously affect our attitude and action for many a long day? We do not need to enter into the trite argument as to whether good nursing technic is compatible with the broadest sympathies. That it is, we are agreed, to a man.

What we need to recognize and to emphasize in all our teaching is that, in spite of this self-evident truth, we are continually getting away from it in the value we place on the development of technical skill and the little relatively we teach and demand of qualities of the heart. We ought to exact much more largely of these heart qualities from the day the young woman comes to us, and we ought to make failures of heart at least of equal demerit with failures of bed-making and class work. Late and early we should teach the beauty of service; the development of character when helping those who need help becomes the first motive of our lives. Lessons these that, once a part of us, make response to patients' necessities and even to their whims more immediately important than needed "discipline" or tidy beds or outgrown traditions. Lessons that everywhere make us more immediately responsive and useful and that best of all enlarge our own natures, and increase immeasurably the possibilities of good within us. Neglect of the lesson of right discrimination, with the resulting callousness and selfishness, is responsible for many of the lamentable but justifiable criticisms that are continually made against the nurse in hospital and private duty. How many of our shortcomings are based on our desire to have things our own way, rather than to be most genuinely helpful. How emphatic what we *will* do and what we *won't* do, regardless of where we are needed most. What is worth while receives short shrift as we magnify to abnormal dimensions our personal grievances against everything that comes within our professional horizon, from the directory that always sends us to the wrong kind of a case, to the nurse who comes to assist us and whose inexperience and ignorance, even, we manage as with everything else to twist into a personal affront. How many truly excellent women by thus making much of the things that are not worth while, by the reiteration of annoyances that would much better be forgotten, are daily losing sight of the higher motives that alone should actuate them, as they are losing their equanimity and cheerfulness, and with these their mastery of circumstances. As

the individual loses by the neglect of this desirable virtue the profession loses no less, and we continue weak and culpable where we ought to be strongest and most efficient.

The second lesson that we need to keep in mind is the lesson of magnanimity. Perhaps the words high-mindedness, generosity, forbearance, may help to convey my meaning. It is that principle of right action that makes our own and not another's acts the standard for our measurement; the recognition that in considering the ethical value of our own acts we have no need or occasion to take into account the ethical standards of others. But this is a hard lesson to learn and to heed. Continually the first impulse is to absolve ourselves of blame; continually our defence is sought by contumely of the other person. Have you known nurses who *never* acquired the true spirit of forbearance with the sick and aged? of sick people who were severely "disciplined" or even discharged from hospital care because they were insolent to nurse or physician? Did you ever know nurses who persisted in construing the incoherent utterances of the insane or delirious, or the irresponsible accusations of old persons as intended insults, to be dealt with accordingly, and who were still tolerated in their schools in spite of their resentful and vindictive manner? Where lay the blame? Certainly not with the sick one, and infinitely less with the nurse than with her teachers who, at the critical period of her development, were overlooking her moral necessities. Absorbed in the praiseworthy task of holding her up to a high standard in practice and theory, they were failing to hold her to those severe exactions of herself, and to that degree of forbearance toward others, that discussed in the tranquil atmosphere of this meeting we all recognize as most essential to a suitable strengthening of one's ethical nature. From experience like this in the early days of training is it any thing but natural that later the nurse should seek for a solution of all her difficulties not in the just arraignment of herself, but in the satisfying condemnation of others. In my world the question that I must settle is not how much Doctor A. or Mrs. B. or the newest probationer is to blame for this trouble, but how much am *I* at fault? Have I from the first to last been as tactful, as just, as generous as I ought to have been? It helps me not at all discovering and continually commenting on the fact that this person is unreasonable in his demands, that that one seeks to usurp my authority, that my pay is too small and my work too heavy, that the conditions of living to which my private duty experiences force me are shockingly inadequate. The measure of *me* is dependent on myself—not on conditions or acts apart.

“*I am the master of my fate;
I am the captain of my soul,*”

in the vicissitudes of nursing as much as in any conditions of life.

The first lesson, that of right discrimination, gets me into a correct attitude toward my work, toward those whom I serve. The second lesson, the lesson of magnanimity, puts me in a correct attitude toward myself, aids me in realizing my personal responsibility; the fact that in all this big world of being and action there is just one thing that is tremendously important to me and that is what *I am* and what *I do*. And when I have learned the lesson that no one needs my blame and criticism half so much as I do myself; that vindication is not my special prerogative and that generosity is better than gratification of self, then another important part of my duties becomes plain and unmistakable. I have no need of referring to rules, for the compelling power to right action is within me, the guiding spirit of magnanimity.

The third lesson is the lesson of unremitting helpfulness; not merely to do of two things that which counts most for humanity's sake, but actively to seek to be helpful; to hunt up ways of being serviceable. The first lesson has taught me wherein lie my greatest opportunities; the second lesson has taught my responsibility for myself and my actions. It is this third lesson that determines what I do and how I do; whether I shall merely acquit myself of those responsibilities incidental to my position as private duty or institutional nurse and that are plainly mine to do, or whether I shall seek out *every* opportunity to do for another that which is kindly and helpful, however small the thing may be, however much considerations of myself seem to argue against it. Then the question with us busy people becomes not “Have I time for this or that?” but “Will it help anyone if I do it?” To be never too busy to write the friendly letter to the disheartened fellow-worker; out of our own troubles to give sympathy to those heavy hearts who need us; never too busy to listen to complaints and to demonstrate the importance of kindlier methods; never too busy to give to the stranger nurse within our gates the lesson of cheerful helpfulness that will in turn make her more responsive and more helpful. Never too busy—or too annoyed—to give the exact information concerning the good nurse who has left us for another school. Never too busy to do our part in whatever counts for the betterment of our profession, or for the good of humanity. Of course, there is apt to be much asked of us that seems when we

do it to receive small thanks. But is the influence of any willing service ever lost? I believe the example of the busy person who always *has time* and who always graciously *takes time* to be kind and helpful to every one means an influence of incalculable value with the younger women. Do you say this is idle talk that, carried into practice with women already near the point of breaking, would mean overwork, nothing short of suicidal? In answer to this objection that constitutes another important problem I would ask: are we most the victims of work or of worry? Are we overworked most by reason of the immensity of our tasks or by lack of system and concentration? In any case is it compatible with the true spirit of helpfulness that we constantly mar our influence by selfish consideration? True service must put self in the background. Few of us will break in consequence. With the desired development of this helpful side of our natures the burdens in our Superintendents' Society, in our state and local associations, disappear, for each member appreciates her duty to give of herself, not merely to take. Whatever talent the Lord has given each seeks by an honest and earnest effort to increase it as much as may be against the day when she must account for her stewardship. How much the lack of this helpful spirit is responsible for the thousand and one things in which we are handicapped in our work and compromised as a profession. How much of foolish pride and petty jealousy and secretiveness that at every turn thwart us. Can we estimate the immense benefit it would mean to *all*, not only to our profession, but to the world, if we, a rapidly increasing body of earnest efficient workers, were always willing to be genuinely helpful? And invariably in helping others we should find the greatest gains were our own after all.

Have I exaggerated to you concerning some of our weaknesses or needs? Are we consistently manifesting every day these qualities of correct judgment, of forbearance, of helpfulness, or are these qualities of relatively minor importance? Are we to the full extent of our duty aiding toward the suitable development of these or other virtues in our pupils, that the ethics of the future shall take on a new strength and beauty because they are being *lived* every day and are but the natural expression of the well-rounded character of the good nurse and the good woman? In our consideration of the nurse's broader and more thorough training surely these questions of ethical development must be given a first and most important place. The text in this preachment comes last—the most sublimely beautiful expression of

this theme and taken from the most perfect system of ethics the world has ever known; just a sentence, but it embodies the whole philosophy of right living: "Thou shalt love thy neighbor as thyself."

THE PRESIDENT.—It certainly seems to me that Miss Hay has presented this subject of ethics in a most masterly fashion; and the one thing, it seems to me, that she has emphasized through all that paper more than anything else, is the spirit of mutual helpfulness, finding the good in people rather than finding the evil in them, and always with a hopeful outlook. Now I am sure there is some one here who will have a word or two to say in regard to her own point of view.

MISS DOCK.—I would like to say two words on this one point of practical ethics. I want to say that I hope that this association of nurses will never get to the point where it draws the color line against our negro sister nurses, who are our sisters of the human race and are our coworkers in our profession. In the early days, when we were small, this line was never drawn. I often used to say to other people, "There is one association that has never drawn the color line, and that is the nurses." Now as we get bigger and are spreading all over the country I have seen evidences that made me think that this cruel and unchristian and unethical prejudice might creep in here in our association. We should on no account follow the cruel prejudices of men, whose tendency is toward destructiveness. Woman's place is to show how the world can be made a sweeter and pleasanter place; and I do hope that in this one human problem, in dealing with the question of the negro race in America, that there, especially, we nurses will exercise and simply practise that one simple rule, to treat them as we would like to be treated ourselves.

THE PRESIDENT.—If there is no further discussion of this subject I will call on Miss Maxwell to give us an account of the Florence Nightingale celebration. Some of you, I am sorry, were not able to be there, and you will be much interested in Miss Maxwell's account of it.

MISS MAXWELL.—The valuable exhibit which you saw of Miss Nightingale's work and pictures at the Teachers College has been gathered together by Miss Samuel, who was the chairman of that committee. The invitations, the history, the programs, and all that part of the work were done especially by Miss Nutting, and I think she has won a wonderful result, getting so much that was interesting for us to carry away with us.

I thought possibly you might like to know how we have been able to bear the expense of all this printing and postage, and the decorations in the hall, etc. The Superintendents' Society has given \$350; the Associated Alumnae voted \$125. The other expenses have been met by the liberal contributions of the training-school committees of Greater New York and by private individuals who have given most liberally for the work. Every one has spoken most cordially regarding their gifts, that it gave them great pleasure to do this.

THE PRESIDENT.—It seems very fitting at this fiftieth anniversary of the establishment of training schools, that we honor Florence Nightingale; and it seems infinitely more fitting that at this same time we honor one of our own members who has done such splendid work for nurses, and whose loss has carried with it a certain amount of sadness through all of these meetings. I have to report that the preliminary committee on the memorial or some testimonial,

whatever form it may take, for Mrs. Robb, which was appointed according to your instructions, has appointed a permanent committee as follows: Miss Riddle, Miss Dock, Miss McIsaac, Miss Palmer, Miss Delano. This committee has already met with the permanent committee of the Superintendents' Society and has requested Miss Dock to present the subject from the standpoint both of the Associated Alumnae and the Superintendents' Society.

MISS DOCK.—I understand that the members of this joint committee of the Superintendents and the Associated Alumnae have met and have appointed a chairman for at least the coming year. You will all be glad to know that Miss Hay, of the Illinois Training School, has consented to act as chairman of this committee. The committee talked over the form and outlined what might be most fit for a memorial to Mrs. Robb, and this is what they wanted to present to you. They think that the memorial should be of a human and living nature, and they recommend the establishment of a large fund, which should be not less than \$50,000 to bestow scholarships upon nurses who wish to prepare themselves for special lines of training and education—post-graduate work, naturally, I mean—and they suggest that these scholarships need not necessarily be fixed or attached to any one educational institution; but that, for instance, if there should be in the east or in the west or in the south some especially good educational institution where special post-graduate work was given, which nurses of that locality would like to attend and where they will take the course, that then the scholarship might be bestowed upon such women to go to the particular place that they prefer to go to; only, of course, no one would get the scholarship to take training in a poor school. The propriety and the standing of the educational institution for which the scholarship would be given would be a matter of decision for the central committee. The committee, to-day, thought that this would be best managed probably in the way we manage so much work, by carrying it to the state associations, and through the state associations having it carried down to the individual schools, individual groups, individual women nurses; and they lay these suggestions before you for your consideration.

THE PRESIDENT.—It seems to me that the first question which we should settle is to determine the wish of the society in regard to the memorial, then later we can take up the best form for this memorial to take.

MISS NUTTING.—I am very glad to move that this body associate itself in a body for the purpose of establishing a worthy memorial to our late member, Mrs. Isabel Hampton Robb.

(The motion was seconded by Miss Parsons.)

THE PRESIDENT.—The motion is made and seconded that we establish such a memorial fund. Is there any discussion?

(The question was called for, put to a vote, and carried.)

THE PRESIDENT.—Now the question is in regard to the form which this memorial shall take. What shall we have? Will some one make a motion in regard to the form of this memorial? I can understand perfectly your silence, because it seems such a tremendous undertaking. May I ask Miss Cooke to take the chair, for I would like to speak for a moment on this.

MISS DELANO.—It seems to me that a scholarship fund is the thing that would have appealed to Mrs. Robb more than almost anything else. I have always believed that when the need for this particular course at Teachers Col-

lege developed, there would be no difficulty in the way of provision for the course. I think, myself, that the work during the past year has quite demonstrated this fact. The demand for the course, the development of the course, has brought to-day the beginning of a splendid endowment. We want to bring women to this course of study, and the time when a woman should come is following her graduation. She is then accustomed to study, she is filled with her first ambitions, and will benefit more by this course than at any other time. But with that comes the dire necessity with the most of us when we first graduate of going out into the world and making a way for ourselves. A few hundred dollars at this particular time may make it possible for a woman to take a course either here or wherever she may desire. The beauty of such a scholarship fund is that we can begin to use the interest at once. This would be available for graduates fifty years from now as in our own time. This phase of it appeals to me particularly and I could not resist the temptation of saying it.

(The President resumed the chair.)

MISS COOKE.—MADAM CHAIRMAN: I move that the endowment take the form of a scholarship fund.

MISS NUTTING.—When the memorial to Mrs. Robb was first presented I naturally thought the first thing—for Mrs. Robb was interested in a good many things—of the matter of a chair distinctly for a teacher of nurses, for a department in which a nurse should be prepared for her work, the chair to be, as it were, governed by a board of nurses and the appointments made from them. Later experience has shown me that it is not always easy to govern matters in any institution and that there is sometimes no certainty how matters will take shape after they arrive there. I still believe that a chair would be a very excellent thing, but within the last two hours, since the matter of the scholarship has been presented, I am quite certain that a scholarship fund is one which Mrs. Robb would herself like better. Interested as she was in a chair, I am sure she would like better to know that eight or ten nurses should have profited by some enlarged opportunity for education. Because I have said so much about the chair, before I stop I want the opportunity of telling you that I really think the later decision is very much better. And also do I heartily agree with the suggestion that the benefits of that fund or offer should not be limited to any one institution or locality, but that if any one wanted to go to Teachers College where there is something of moment, they can go there and it might help them; but as Miss Delano suggests, and as Miss Dock suggested, perhaps we may see our fund open up in various parts of the country. So I could not keep silent without adding my appeal to those already presented that this take the larger and more immediate effect than a chair.

THE PRESIDENT.—The motion is before the house that this memorial take the form of a scholarship fund to be known as the Isabel Hampton Robb Fund. Carried.

The following subscriptions were then pledged to the Isabel Hampton Robb Memorial Fund:

Anna Maxwell, pledged to be responsible for.....	\$100.00
Jane A. Delano	10.00
Dorothea M. MacDonald	25.00
N. L. Dorsey	5.00

Miss Johnson, Louisville	\$5.00
Marie L. Lustnauer	10.00
Eliza Bond Gray	5.00
Penelope Gray	5.00
Mrs. John Luther Moyer.....	25.00
Mrs. Wm. W. Schloss.....	25.00
Elizabeth Tuttle	5.00
Regine White	5.00
M. E. Wadley	10.00
Miss Doe	5.00
Minnie Rogers	5.00
Mae D. Currie	1.00
Harriet J. Fisher	5.00
Mary C. Stewart	25.00
E. McKnight	10.00
N. Cadmus	10.00
E. M. Ambrose	25.00
Mrs. B. Gray	10.00
Helen Wright	10.00
Margaret A. Bewley	10.00
Janet Gordon Grant	10.00
M. A. Gartel	5.00
Mary E. Buckley	25.00
Bena M. Henderson	25.00
Woman's Hospital of Philadelphia.....	25.00
Roosevelt Alumnae	100.00
L. Perkins	5.00
Laura Kreer	5.00
St. Louis Training School.....	10.00
Nancy Ellicot	5.00
E. G. Fournier	5.00
Anna Rein	1.00
German Hospital Alumnae of New York.....	25.00
Rose M. Heavren	5.00
Hope Hospital Alumnae	30.00
Connecticut State Association	100.00
Hartford Hospital Alumnae	25.00
Elizabeth Gatzman	10.00
Marie A. Pless	2.00
Charlotte Ehrlicher	5.00
Julia Stimson	2.00
M. A. Gorter	5.00
Mercy Hospital Alumnae of Baltimore.....	10.00
Jefferson County Graduates' Club of Louisville.....	25.00
E. Cuthbertson	5.00
Emily M. Gent	25.00
Brooklyn Hospital Alumnae	25.00
Jewish Hospital, Cincinnati	10.00
Moses Taylor Alumnae	25.00

John Norton Memorial Alumnae	\$25.00
Hahnemann Hospital Alumnae of Chicago.....	100.00
Kentucky State Nurses' Association.....	50.00
University of Pennsylvania Alumnae.....	25.00
Indiana State Nurses' Association.....	25.00
Visiting Nurses, Chicago	25.00
Battle Creek Sanitarium Alumnae.....	50.00
Nebraska State Association	100.00
M. Helena MacMillan	25.00
St. Luke's Hospital Alumnae of New York.....	100.00
Rhode Island Hospital Alumnae.....	25.00
Boston City Hospital Alumnae.....	50.00
Miss E. M. Ambrose will be responsible for.....	100.00
Miss A. D. Van Kirk will be responsible for.....	100.00
Miss N. Cadmus will be responsible for.....	100.00
Genevieve Cooke	9.00

Total.....\$1815.00

The California State Nurses' Association will contribute, but will wait until after its annual meeting.

The Illinois Training School Alumnae is planning to dispense with its annual banquet for this year, giving the amount to the Memorial Fund instead

Miss Emily Gent will be responsible for raising..... 100.00

Total.....\$2215.00

Subscriptions pledged toward the purchase fund of the AMERICAN JOURNAL OF NURSING:

Minneapolis City Hospital Alumnae.....	\$15.00
Graduate Nurses' Association House of Mercy, Pittsfield, Mass.....	10.00
Northwestern Hospital Alumnae	10.00
Hahnemann Hospital Alumnae, Philadelphia.....	10.00
Graduate Nurses' Association of Lafayette.....	10.00
North Adams Alumnae	5.00
Grace Hospital Alumnae, Detroit	15.00
Indiana State Nurses' Association.....	50.00
Individual Members of Indiana Association.....	8.50
Wilkes-Barre City Hospital Alumnae.....	5.00
Margaret A. Pepoon	5.00
Faxton Alumnae Association	10.00
Medico-Chirurgical Alumnae	10.00
Washington State Nurses' Association	50.00
M. A. Gartel	5.00
Hennepin County Graduate Nurses' Association.....	25.00
Massachusetts State Nurses' Association.....	100.00
Helen Warburton	5.00

St. Luke's Alumnae, Chicago	\$100.00
Methodist Episcopal, Philadelphia	10.00
Pennsylvania Hospital Alumnae	25.00
Bellevue Graduates	50.00
"Proposed Local Association of Nurses" of Richmond.....	10.00
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Total.....	\$543.50

Discussion on re-organization resumed.

Miss Parsons moved that we recommend to the Committee on Revision, that names to be placed on official nominating blank receive at least ten endorsements. Carried.

Miss Toupet moved that the meetings be open to all persons who wish to attend. Carried.

MEMBER FROM NEW HAMPSHIRE.—I move that the state associations remain as at present, affiliated, with one vote.

MISS COOKE.—At one of our committee meetings we discussed the plan of one representative for a given number in membership in the state associations, in a way similar to the way the alumnae associations are represented.

A MEMBER.—A great many members of alumnae associations are members of the state association, and we are members twice over already. Would not that complicate matters, if you give them more than that one vote that they have in the state association? Wouldn't it be voted over again?

THE PRESIDENT.—Our associations are so tremendously complicated with the work of the alumnae and the state associations and all kinds of conditions that we must try to work it out so that it may seem fair to everybody; then after we have the opinion and desire of the majority we must all put our shoulders to the wheel and see if we cannot make it a success.

MISS McISAAC.—It cannot be any more complicated than it is now; and I ask any fair-minded person here if it is right that New York, with thousands of graduate nurses in the association, should not have any more votes than Oklahoma, with probably twenty.

MISS RHODES.—I would like to say that we are not responsible for the size of our state any more than we are for the cut of our faces. Naturally New York is larger than Oklahoma, but should not we as a state have one vote until we have the thing so organized that the local associations come in through the state associations to the Associated Alumnae? Each state stands by itself.

MISS DEWITT.—Let's put it the other way around. Is it fair that Oklahoma, with perhaps thirty members, should pay as high dues as New York, with thousands?

MISS CADMUS.—Another question, is it fair to our states that the larger number of our members should be treated on the same basis as the smaller number? What I mean is this: the vote for each Alumnae Association is governed by its membership. The individual members in alumnae associations cannot send out one vote.

THE PRESIDENT.—We would like an expression of opinion. I believe in saying now what we have to say and then when the decision is reached, forever after hold our peace.

A MEMBER.—I represent New Hampshire. New Hampshire is a small state. We come here with only one vote and we vote on an important question, something that is intensely interesting, our President says, is an important subject. We have only one vote. New York is a large state. New York has one vote. You have probably a thousand members; we have only about one hundred and fifty; and we are paying just as much for our annual dues as New York state and we are entitled to just one vote and so is New York. The question should be settled fairly and we should receive equal benefit.

MISS SEIDENSTICKER.—It seems to me that this resolves itself into a question of representation according to numbers, just exactly as we elect our President of the United States, by our population and not by individual states. New York puts more votes in for President of the United States than New Jersey does. Why should not we in our organization follow those same tactics?

MISS WILCOX.—New York has many more *alumnæ* associations than any other state. She sends her delegates through the *alumnæ* associations which makes her look much larger than any other state. This matter was well discussed several years ago. It was then decided that each state association should have only one vote, the larger states being better represented by their *alumnæ* associations.

MISS HILLIARD.—In speaking along political lines, it is assumed that the votes are not represented politically; and in this we vote as *alumnæ* members, as county members, and as individual members; and it would seem to me to multiply the number of votes very materially and cause a very unfair advantage in the smaller places. It seems to me that ought to be considered.

MISS SLY.—MADAM PRESIDENT: I move that this question be referred to the committee with the recommendations which you have given and it will be reported upon next year at the convention for final adoption. Carried.

THE PRESIDENT.—It is recommended that the dues be graded for state associations; that for an association consisting of 75 or less, the dues be \$7.50; 75 to 100 members, \$10.00, and so on in the same proportion.

Miss Hilliard moved that this be referred, with the other questions, to the committee for consideration. Carried.

THE PRESIDENT.—Another question has been raised, regarding the interpretation of the by-law covering permanent members with a vote. This was considered at a meeting of the Executive Committee, and decided that the ruling might be "that members attending three consecutive meetings might vote at the third meeting, and not be obliged to attend a fourth one before voting."

MISS RIDDLE.—May I recur to a matter of history? When this paragraph was framed it was discussed just as it is to-day, and it was understood at that time that if a member was sent as a delegate and then came twice in succession, thereafter she would be considered a permanent member and entitled to vote at the close of that third session.

THE PRESIDENT.—In the past few years, we have allowed our secretary an honorary salary of \$100.00. Now I would like the authority of this convention given to the Executive Committee to increase this, or if you wish, state what the increase shall be.

MISS RHODES.—I move that the Executive Committee be empowered to increase this.

(The motion was seconded, put to a vote, and carried.)

THE PRESIDENT.—Now the question of the inter-state secretary is before you. There is no provision in the Constitution or By-Laws for this office, so it will be necessary for this to come from the floor; nominations for inter-state secretary are in order.

Miss McIsaac was nominated and elected unanimously as inter-state secretary.

THE PRESIDENT.—In planning out the work for the inter-state secretary, Miss McIsaac, I wish to remind you that while we wish we were in a position to pledge all the expenses in connection with the work, it will be impossible to do more than provide for the salary, but I feel perfectly certain that if we plan a trip so that the distances between places are not too great, that the societies wishing to have some one address them, will be very willing to defray the travelling expenses. Even though Miss McIsaac's work is mostly by correspondence, and this demand for her presence is not as great as we hope it will be, still we feel sure it is an experiment well worth trying.

REPORT OF ELECTION

President, Jane A. Delano, Washington, D. C.; vice-presidents, Helen Scott Hay, Chicago, Lucy Fisher, San Francisco; secretary, Agnes G. Deans, Detroit; treasurer, Mrs. C. V. Twiss, New York City; inter-state secretary, Isabel McIsaac, Benton Harbor, Mich.; directors: Isabel McIsaac, Benton Harbor, Mich., Anna C. Maxwell, New York City.

MISS DEWITT.—I would like to offer an expression of appreciation and vote of thanks to our retiring treasurer, Miss Davids, who has done such excellent work for us for so long a time.

THE PRESIDENT.—And may I, as the outgoing president, and the incoming president also, express my appreciation of the most friendly and delightful co-operation which I have received from Miss Davids. I want to tell you what a joy this past year has been to me, sometimes mixed with a little worry, but a real pleasure. And I am grateful for the help, the co-operation, and the inspiration I have obtained from the officers with whom I have been privileged to work—and I do consider it a real privilege—but whatever we have been able to do, or whatever we may hope to do this coming year, I cannot tell you how deeply I feel that it has been the work of all the officers, and that we have worked together. My only hope is that during the coming year I may serve you better than I have this. I think it takes about a year to learn the requirements of this association. But whether I do that or not I certainly shall try, and I must ask you from all parts of the country who are here to-day to carry back to your association the inspiration you have obtained from the meetings. It is very important that if we are to accomplish anything we must do it by working together. Our strength is not in the amount of money we are able to raise; but in our numbers and in the thing for which we stand. Now let us this year make up our minds as never before that we will work as one body of women, and no matter where we meet each other, let us feel that we are real friends and live up to the suggestions which Miss Hay presented to us so beautifully this afternoon. I thank you for the honor of being your president.

REPORT OF THE COMMITTEE ON RESOLUTIONS

The Committee on Resolutions has prepared and begs to present the following resolutions:

Resolved, That the Nurses' Associated Alumnae of the United States extends its most grateful and appreciative thanks to Dean Russell of Teachers College.

To those who so kindly assisted in our instruction and entertainment at the Horace Mann Auditorium.

To the Committee of the Training Schools of Greater New York, to Miss Samuel, and to all individuals whose subscriptions and kindly help made possible the magnificent Florence Nightingale Exhibit, and the never-to-be-forgotten commemoration exercises.

Resolved, That we express our deep sense of obligation and warm thanks to the New York State Nurses' Association, the New York County Nurses' Association, and the Alumnae Associations of Greater New York for the cordial welcome and unfailing efforts to promote our welfare, comfort, and pleasure, also to the Reverend Henry Sloane Coffin for his invocation of the Divine blessing upon our assemblage, to Dr. Sigismond Goldwater for his inspiring address of welcome, to Miss Sara C. Tomlinson and Dr. Samuel Zwemer for their earnest and impressive appeals in behalf of the foreign missionary service, to Mr. Henry Griscom Parsons for his kindness in giving us an insight into "Garden work as a factor in the mental and physical development of the child," to Dr. Marion A. Mead and Dr. William Mabon for their interesting and instructive addresses.

To Miss Hitchcock, to the Board of Managers of the Bellevue, and to the Co-operative Committee of the Central Club House for Nurses for their gracious hospitality.

To Mrs. H. O. Havemeyer for her thoughtful kindness and courtesy in throwing open to us her wonderful Art Collection.

To Miss Maxwell and her able committee for their tireless efforts and perfect arrangements, whereby the business of the association has been expeditiously conducted and the success of the convention assured.

To the officers of the association who have so painstakingly conducted our meetings, and to all members who have prepared papers for our pleasure and instruction, our warm and sincere thanks are due.

Resolved, That in the death of our member, Mrs. Isabel Hampton Robb, the Nurses' Associated Alumnae has sustained a great and incalculable loss. To attempt to estimate what she has done for the uplift of her profession, what she has given in unselfish and unremitting service, what she has accomplished through her insight into difficult problems, would be as futile as the wish to do so, is earnest. In all large movements where breadth of vision and intellectual grasp were needed she was foremost. The enduring quality of many of these undertakings, and the devotion and loyalty she inspired in those who worked with her, are her best monuments, among which may be mentioned the organizing of the Illinois Training School for Nurses, the Training School for Nurses in connection with Johns Hopkins Hospital, the Society of Superintendents of Training Schools, and the Nurses' Associated Alumnae of the United States, and the founding of the Hospital Economics Course at Teachers College, Columbia University.

Be it further Resolved, That these resolutions be incorporated in the minutes of our association and a copy be sent to her husband, Dr. Hunter Robb.

Resolved, That in the death of Miss Elizabeth Upjohn, superintendent of the Out-Patient Department, Boston Consumptive's Hospital, we have lost a beloved and valued member, both to this association and to our profession, as well as a progressive and inspiring leader in the anti-tuberculosis campaign.

Respectfully submitted,

A. C. HARTRIDGE,

IDA F. GILES,

ADA PHELAN,

Committee.

It was moved that the next annual meeting be held in Boston. Carried.

It was moved that a letter of thanks be sent to St. Louis and Chicago for their kind invitations to hold the meeting in these cities.

The meeting adjourned, to meet in Boston, in 1911.

ANNOUNCEMENT OF THE INTER-STATE SECRETARY

THE work of the inter-state or field secretary is still an untried undertaking and like all new work will probably be characterized by more or less blundering until it has been worked out by experience.

The first request came from Minnesota, and the secretary will begin at the state meeting in St. Paul, October 11. It is obvious that unless the plans of the states are concerted, the expense will be unnecessarily great. As stated in the editorial pages of the July JOURNAL, the travelling expenses must be met by the societies requesting appointments, therefore, *the more numerous the requests, the less the expense to individual societies*. The inter-state secretary would, therefore, suggest that the states west of the Mississippi would ask for appointments between October 1 and December 20, and the states east of the Mississippi, between January 2 and April 1.

To still further avoid unnecessary expenditure, it is thought that from October 1 to the middle of November might be given to the northern half of the western states, on the outward journey, and the southern half of the western states from the middle of November until December 20, on the return journey.

All requests for October meetings should be in by the first day of September; all requests for November and December should be in by October 1, and all requests for the winter months should be in by December 20, as it will be almost impossible to make changes and new appointments *en route*.

While the inter-state secretary has been appointed by national organizations, it is the design to lend her aid not only to state societies, but to local alumnae associations, to graduate nurses' clubs, and to pupil nurses in the schools, who will shortly swell our ranks; in short, to help and advise in every possible way any group of nurses which is struggling to better nursing affairs, either local or general, and ultimately to strengthen our bonds until we are capable of doing great things for our profession.

Address all communications to

ISABEL McISAAC, Inter-State Secretary,
Benton Harbor, Michigan.

OFFICIAL DIRECTORY.

THE AMERICAN JOURNAL OF NURSING COMPANY.

President, ISABEL McISAAC, Benton Harbor, Mich.

Secretary, SARAH E. SLY, Birmingham, Mich.

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS.

President, MARY M. RIDDLE, Newton Hospital, Newton Lower Falls, Mass.

Secretary, M. HELENA McMILLAN, R.N., Presbyterian Hospital, Chicago, Ill.

Annual meeting to be held in Boston, 1911.

THE NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES.

President, JANE A. DELANO, R.N., Surgeon-General's Office, War Department, Washington, D. C.

Secretary, AGNES G. DEANS, Board of Health Building, Detroit, Mich.

Inter-State Secretary, ISABEL McISAAC, Benton Harbor, Mich.

Treasurer, MRS. C. V. TWISS, R.N., 419 West 144th Street, New York City.

Annual meeting to be held in Boston, 1911.

ARMY NURSE CORPS, U. S. A.

JANE A. DELANO, R.N., Surgeon-General's Office, Washington, D. C.

NAVY NURSE CORPS, U. S. N.

ESTHER VOORHEES HASSON, R.N., Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

HOSPITAL ECONOMICS COURSE, TEACHERS COLLEGE, NEW YORK.

Director, M. ADELAIDE NUTTING, R.N., 417 West 118th Street, New York City.

ISABEL HAMPTON ROBB MEMORIAL COMMITTEE.

Chairman, HELEN SCOTT HAY, 509 Honore Street, Chicago, Ill.

THE CALIFORNIA STATE NURSES' ASSOCIATION.

President, MRS. ANNA BEAMAN FOX, 585 Cleveland Avenue, San Diego, Cal.

Secretary, EDNA M. SHUEY, 2324 Carleton Street, Berkeley, Cal.

COLORADO STATE TRAINED NURSES' ASSOCIATION.

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Secretary, LOUISE PERRIN, R.N., 4303 Clay Street, Denver, Col.

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Secretary, MRS. WINIFRED AHN HART, P. O. Box 162, Bridgeport, Conn.

DISTRICT OF COLUMBIA GRADUATE NURSES' ASSOCIATION.

President, HELEN W. GARDNER, the Portner, Washington, D. C.
Secretary, F. KATHERINE VINCENT, the Victoria, Washington, D. C.

GEORGIA STATE ASSOCIATION OF GRADUATE NURSES.

President, MRS. EVA S. TUPMAN, R.N., 640 Piedmont Avenue, Atlanta, Ga.
Corresponding Secretary, ANNA BRUNDIGE, R.N., 734 Peachtree Street, Atlanta, Ga.
Treasurer, FRANCES PATTON, R.N., 45 West Fifth Street, Atlanta, Ga.

THE IDAHO STATE NURSES' ASSOCIATION.

President, LILLIAN LONG, St. Luke's Hospital, Boise, Idaho.
Secretary, LULU HALL, Room 410, Overland Building, Boise, Idaho.

ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES.

President, ELLEN PERSONS, R.N., 1954 Jackson Boulevard, Chicago, Ill.
Secretary, MARGARET P. LITTLE, R.N., 79 Dearborn Street, Chicago, Ill.

INDIANA STATE NURSES' ASSOCIATION.

President, MARY B. SOLLERS, R.N., Reid Memorial Hospital, Richmond, Ind.
Secretary, MAE D. CURRIE, 21 The Millikan, Indianapolis, Ind.
Chairman Credential Committee, MRS. M. S. ELLIOTT, R.N., Y. W. C. A. Building, Ft. Wayne, Ind.

IOWA STATE ASSOCIATION OF REGISTERED NURSES.

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Secretary, FLOY A. STRAYER, Box 315, Waterloo, Iowa.
Chairman Credential Committee, LILLIAN M. ALDEN, Mason City, Iowa.

KENTUCKY STATE ASSOCIATION OF GRADUATE NURSES.

President, MARY R. SHAVER, Good Samaritan Hospital, Lexington, Ky.
Corresponding Secretary, AMELIA A. MILWARD, 234 Second Street, Lexington, Ky.

LOUISIANA STATE NURSES' ASSOCIATION.

President, KATHERINE DENT, New Orleans Sanitarium, 1403 Terpsichore Street, New Orleans, La.
Secretary, C. LEHMAN, Touro Infirmary, 4217 Prytania Street, New Orleans, La.

MASSACHUSETTS STATE NURSES' ASSOCIATION.

President, MARY M. RIDDLE, Newton Hospital, Newton Lower Falls, Mass.

Secretary, ESTHER DART, Stillman Infirmary, Cambridge, Mass.

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President, GEORGINA C. ROSS, R.N., Medical and Chirurgical Library, Baltimore, Md.

Secretary, SARAH F. MARTIN, R.N., Medical and Chirurgical Library, Baltimore, Md.

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Secretary, MRS. R. C. APTED, Grand Rapids, Mich.

MINNESOTA STATE NURSES' ASSOCIATION.

President, EDITH GATZMAN, R.N., 242 Lyndale Avenue, South, Minneapolis, Minn.

Secretary, MRS. E. W. STUHR, R.N., 1810 Chicago Avenue, Minneapolis, Minn.

MISSOURI STATE NURSES' ASSOCIATION.

President, CHARLOTTE B. FORRESTER, 7600 Wornall Road, Kansas City, Mo.

Corresponding Secretary, EVA M. ROSEBERRY, 1208 Wyandotte Street, Kansas City, Mo.

NEBRASKA STATE ASSOCIATION OF GRADUATE NURSES.

President, NANCY L. DORSEY, 2305 South 53d Street, Omaha, Neb.

Secretary, LILLIAN B. STUFF, R.N., 434 South 28th Street, Lincoln, Neb.

GRADUATE NURSES' ASSOCIATION OF NEW HAMPSHIRE.

President, DELLA STREETER, R.N., 88 Pleasant Street, Concord, N. H.

Corresponding Secretary, CARRIE HALL, R.N., Margaret Pillsbury Hospital, Concord, N. H.

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EDITORIAL COMMENT



THE DEATH OF FLORENCE NIGHTINGALE

FLORENCE NIGHTINGALE passed from this visible world on August 13, having completed her ninetieth year. Probably the image of her which we all carry in our hearts is that of the youthful, gracious presence which the soldiers loved and blessed, and which all men honored,—yet a full half century has passed since her work in the Crimea, and it was an aged woman, and frail “great mind in little body,” who slipped away as quietly as she had lived during these many years of invalid existence.

At the time of this writing the burial has not taken place, but it is reported that it will be a simple rite, in accordance with her wishes,—not in Westminster Abbey, as the English nation desired.

In thinking of her work and influence, we must avoid the mistake of picturing her appearance at that dark time, fifty years ago, as that of a meteor, suddenly shining in the night and then disappearing. Miss Nightingale accomplished her great mission in life, not by chance or accident, nor was her influence due wholly to her wonderful natural gifts and graces. Without the most careful training and preparation, even her angelic goodness and magnetic influence might have been of but little lasting benefit. She came of cultured people and was brought up in a scholarly atmosphere. Her general education was far more thorough than that afforded by the schools of the time. She studied the classics, mathematics, and modern languages both by herself and with tutors because of her desire for knowledge and love of it. She was in close touch with the thinkers and workers of the day in all beneficent and charitable work. Her natural aptitude and interest in caring for the sick was made thorough and scientific by first-hand

observation of hospital methods, both in England and on the continent, and by the best practical training then obtainable, that at Kaiserswerth.

In her work for the English armies, she was not without the discouragements which come to all reformers. She tasted the bitterness of opposition, misunderstanding, misinterpretation, and calumny,—and hardest of all, perhaps, disloyalty from some of her assistants.

The more we study her life and her writings, the more we must be amazed at the reach of her vision, for she was the first thinker and writer of her times on hygiene, on hospital and training-school administration, on private and hospital nursing methods, and on the care of the sick poor in their own homes. Although her presentation of these subjects is clear and convincing, humanitarians have been slow in learning the lesson, and are just beginning to catch up with her in their comprehension of these problems.

Miss Nightingale had an unusual combination of traits,—strength of character without combativeness, and humility without self-distrust. Her nature was deeply spiritual, and she loved her work, not for her own part in it, but for humanity's sake.

THE FIGHT AGAINST VENEREAL DISEASE

Two events of note are to be recorded in the history of venereal diseases and prostitution in the United States. One is a splendid piece of progress, namely, the union of all the societies of sanitary and moral prophylaxis in the country under the name "The American Federation for Sex Hygiene." A report of this meeting says:

"Pursuant to a call issued by the president of the American Society of Sanitary and Moral Prophylaxis (Dr. Prince A. Morrow, of New York City), a meeting of delegates from various societies, invited to participate in the organization of a federation of societies for the purpose expressed in Article II of the constitution hereinafter set forth, was held in the Assembly Hall of the Young Men's Christian Association, St. Louis, June 6, 1910.

There were present participating in the meeting delegates from: American Society of Sanitary and Moral Prophylaxis, Pennsylvania Society for the Prevention of Social Diseases, The Maryland Society of Social Hygiene, The California Society for the Study and Prevention of Syphilis and Gonorrhœa, Colorado Society for Social Health, Texas State Society of Social Hygiene, Connecticut Society of Social Hygiene, Indiana Society of Social Hygiene, St. Louis Society of Sanitary and Moral Prophylaxis. The Chicago Society of Social Hygiene and the Spokane Society of Social and Moral Hygiene were represented by official communication from their executive committees, The Milwaukee So-

ciety of Sanitary and Moral Education appointed delegates who did not arrive in time to participate in the organization."

The purpose of the Federation is declared by the constitution to be: the education of the public in the physiology and hygiene of sex, and the study of every means, educational, sanitary, moral, and legislative, for the prevention of syphilis and of gonococcus infection.

Dr. Morrow was unanimously elected president of the new Federation, an honor which belongs to him by logic and right for his superb courage in being the first to initiate the movement for a union of the medical profession and the laity in the combat against venereal disease, for his great dignity and unfailing nobility of attitude, and for his generous devotion of time and resources to the cause.

The following resolutions were offered by Dr. Robert N. Willson, of Philadelphia, and were on motion formally adopted for presentation to the House of Delegates of the American Medical Association, with the request that they be adopted also as the public attitude of that body:

WHEREAS, The necessity daily appears more imperative of protecting innocent American women and children against infection by the social diseases, syphilis and gonorrhœa; and,

WHEREAS, There is ample evidence of a belief deeply grounded among the laity that sexual indulgence is necessary to the health of the normal man; and,

WHEREAS, There exist in consequence widely differing and double standards of morals and of physical health for the male and female sexes, that lead directly to the disease and death of many of our women and children;

Be it Resolved, That the American Medical Association through its House of Delegates, hereby presents for the instruction and protection of the lay public the unqualified declaration that illicit sexual intercourse is not only unnecessary to health, but that its direct consequences in terms of infectious disease constitute a grave menace to the physical integrity of the individual and of the nation.

The second event is in the nature of a social calamity and is the more serious because of the wide-spread ignorance of its true significance. The legislature of New York state has passed a lengthy bill dealing with the procedures of the inferior courts of New York City, much of which is good and greatly needed, but at the end there have been placed certain clauses dealing with the question of prostitutes brought before the court. To know the men who were behind these special clauses is to know that the "interests" that make a profit out of vice supported them. The clauses provide for a system of medical examination then and there in

a room adjoining the court, for women convicted of prostitution, and their commitment to a hospital prison for a minimum of period or a maximum of twelve months according to the report made by the examining physician to the magistrate. The maximum sentence may, however, be shortened if on physician's certificate the prisoners are pronounced to be cured of their (venereal) disease.

Those who know even in part the history of the evidence on legislation of this character in other countries at once realize that here is one of the most blighting social devices that has ever devastated older countries planted in our comparatively new national life. This is the first step towards a return to the odious "lock hospital," the "regulation of vice," the "Continental system," which has made public streets abroad unfit for young girls who are unchaperoned; contributed to a low estimate of women in general; created an army of officials all interested in maintaining prostitution as a business, giving them, in turn, an occupation; been the richest mine for blackmail, bribery, and corruption; encouraged young men to believe that vice was permissible and had been made sanitary by the regulations; and everywhere increased instead of lessened disease, largely through the false sense of security it has given to thoughtless and ignorant men.

Leaving aside all purely moral or sentimental considerations, we will repeat the medical reasons showing the fallacy of such legislation as stated many times by Dr. Morrow, head of the American Society of Sanitary and Moral Prophylaxis.

There is first the frequent impossibility of making a correct diagnosis in one examination. Many cases of "venereal" require repeated examinations at different times, with careful microscopic tests. Such work cannot be properly done in a room adjoining the court, in the few moments that are available during night sessions, when, perhaps, dozens of cases may have to be examined. The history of other countries shows, too, that prostitutes become expert in concealing symptoms, and that druggists and practitioners have made lucrative specialties of such instruction. There is also the fact that a woman, presenting no symptoms herself, may infect one man by germs which she has previously received from another. Next, there is the absurdity of the minimum and maximum sentence. It is well known to physicians and nurses that many cases of "venereal" require years for cure, while some are incurable. Dr. Morrow says that old prostitutes are practically incurable. There is then the fact that, naturally hating the prison hospital detention, prostitutes become skilled in evading the police, and become clandestine, and a system, cumbersome and costly to the taxpayers, is maintained with

utterly futile results. Lastly, there is the gross and stupid fallacy that venereal diseases may be checked by supervising women only. Prostitutes are only the passive spreaders—profligate men are the active spreaders of venereal diseases. To remove a few diseased women to hospital while leaving free all the men who are infected, and who habitually frequent places of ill-fame, is one of those absurdities that makes one question whether we really are an intelligent people. If a contaminated water supply was the cause of an epidemic of typhoid in a city, and the authorities decided that in isolating a few female typhoid cases in hospital they were doing the best they could do, leaving the source of the disease untouched, would any one call this a step forward and say “at least the danger of the disease is diminished by just the number who are in hospital at any one time?” Yet that argument has been made in good faith, by persons who pass as intelligent, upon this bill of the New York state legislature.

What really happens has been thus explained by Dr. Morrow. Suppose that in one house of ill-fame having twelve inmates six are removed to the hospital. Their places do not remain vacant, for the house cannot lose its revenue; six new inmates are immediately procured somewhere, somehow; often they are fresh young girls, and these are immediately contaminated and quickly become diseased by the evil men to whom they are exposed. There is not only no diminution then, in the number of cases of “venereal,” but the number is actually increased, for presently those in hospital come out, their terms served, and are quickly reinfected, or they may not have been actually cured at all. Thus in place of the original twelve there are now eighteen. The increase among young men is even more marked, because more of them, having a vague idea that the law is in their favor, indulge, or indulge oftener, and the final result is an ever-widening circle of infections in the sacred “home”—more gynæcological operations, more blind babies, more hereditary syphilis.

The sorrowful thing about the Page bill is that a number of good men and women who are known to stand for social betterment have been misled by ignorance into endorsing this calamitous legislation. It is a real misfortune that *The Survey*, so widely read among philanthropic people, has made this mistake. It is one which it has no excuse for making, because the business of *The Survey* is to be right on all such matters. It has Moses and the Prophets: it has Dr. Morrow, Dr. Howard Kelly, Dr. Anna Daniels, Dr. and Mrs. Hooker, and a score of others, to whom it might refer for expert information. *The Survey* would surely resent being ignored, say, by some one writing on child labor legislation, who took the opinions of those known *not* to be experts on the subject.

The worst of the Page prostitution clauses is that already the magistrates in other cities are saying "we must have something like that." Women all over the country must arise, and nurses must take their share in showing that the only adequate treatment of venereal disease lies in the prevention of prostitution. "Not to make prostitution safe, but to prevent the making of prostitutes," says Dr. Morrow.

MEDICAL OPINION OF THE "PHYSICIANS NATIONAL BOARD OF REGENTS"

IN the April issue of the JOURNAL we referred to the activities of the "Physicians National Board of Regents," warning nurses against confusing its enrolment of nurses in four classes with the legitimate registration by state boards formed for that purpose. We learn that the country is still being flooded by circulars, directed especially to out-of-the-way towns and rural districts, whose aim is to induce nurses to pay a large fee for an enrolment which gives them no standing, no privileges, no legal recognition. We know that busy women go on about their work, paying little attention to such schemes until suddenly brought to realize the harm that may be wrought by them, but they should both inform themselves and warn others of the misleading and mercenary character of this undertaking.

In support of the argument which we have used from the beginning, that the best physicians are always with us in our efforts for maintaining a high standard of education for the nurse, that they understand our problems and sympathize in our struggles, we quote the following extracts. The first is an editorial which appeared in the Richmond, Va., *Times-Dispatch*, as follows:

Dr. Henry Beates, chairman of the Pennsylvania Board of Medical Examiners, either suffers from chronic dyspepsia or else has not associated with the best people of his craft. At least these seem to be the only possible excuses for the assault which he made recently on trained nursing. If one may believe Dr. Beates, the trained nurse is the most tempted and the most dangerous of women. She enters a hospital, and finds herself surrounded by depraved men and debased women; her moral nature is warped and her future is ruined. Few of the girls who enter the hospitals, he says, "escape with character and honor," and even these "lose much and frequently all of that indefinable bloom and grace which is at once the charm and the crowning glory of true womanhood."

If this charge were true, it would be far better to close the nurses' training schools and return to the days when old women and men nursed their kind. Society could not afford the loss of so many fine girls, even for the care of the sick, and morality could not afford to sacrifice so much honor in healing the diseased. As a matter of fact, Dr. Beates has probably picked out the worst nurses' school and the worst hospital he knows and has taken them as a type

of the whole. There are hospitals in this country where precisely what Dr. Beates describes might occur, but these are fortunately so few that they do not affect the tone of the profession or damage its high morality.

On the contrary, no man who has labored with trained nurses or watched them in the hospitals can fail to bear honor to their worth, their sacrifices, and their service. They endure hardships, they perform menial duties, but they do it with a charm and a grace that dignify the labor and glorify the laborers. They learn many lessons which are contrary to their nature, and oftentimes their souls rebel against these things, but most of them bear all in patience, knowing that their calling is high and their mission sacred.

There may be another profession which is as exacting, but there is none in which the standard of morality and the standard of sacrifice are higher. For one trained nurse who follows her profession for the emolument and excitement, there are a hundred who enter it as a solemn life-work, and who devote to it the purity of noble hearts and the consecration of the truest womanhood.

The second extract, taken from *The Nurses' Journal of the Pacific Coast*, is a letter sent by the King County Medical Society of the state of Washington to the "National Board of Regents," in response to one of its plausible circulars.

SEATTLE, WASH., April 21, 1910.

PHYSICIANS NATIONAL BOARD OF REGENTS,
1717 Chestnut Street, Philadelphia, Pa.

Gentlemen: Your communication of March 24 to the secretary of the King County Medical Society was received some time ago and referred to the board of trustees, who took action in reference to it to-day, and instructed its officers to reply.

It is the feeling of this board that the objects as set forth in this communication are not worthy of serious consideration by a body of enlightened medical men of the present generation. The principal purport seems to be to curtail the nurse's powers in her relation to the doctor and also to lessen her income very materially.

We realize that there are both good and bad nurses, but it is the usual thing to find among the nurses who are well trained a woman who attends strictly to her own part of the business, and in this community at least we find a very valuable aid in the trained nurse instead of the meddler, as indicated in your communication.

Our nurses also receive \$25 per week, after a three years' very hard training, a mere pittance in comparison with the amount received by physicians who have spent very little more time in their education. A physician can easily do a large amount of charity work and still earn an income upon which he can live. The nurse, on the other hand, when she is engaged, gives her full time to her patient. If the ideas suggested in this circular were carried out, a nurse would be spending the best part of her time working for anywhere from \$5 to \$20 a week, and, in fact, often working for nothing, thus putting a burden on this woman who has taken the trouble and worked hard in proper preparation, by taking from her at the rate of \$5 to \$25 per week money which is remarkably well earned.

How many people are there on salaries of \$75 to \$100 a month who would give this amount to charity? Charity patients must be taken care of, but, at

least in this community, it is always done either by private or public charity, and we do not call upon our trained nurses to bear that special burden.

It is often necessary for the nurse to do an extra amount of work and deny herself much of the pleasure of life in order to help along those who are not well to do. In addition to imposing this burden on the nurse, your plan would also tend to pauperize the community. For instance, one patient is able to pay only \$20 a week, and his next-door neighbor is able to pay the full amount; don't you suppose he would also want to pay the smaller amount? To continue a little further: The next patient would be able to pay, say, only \$15; then all would want to pay \$15, and so on until you would finally have your nurse working for little or nothing, and when you get to that point you necessarily would have incompetent work performed, as the self-respecting part of the profession would disappear and take up other lines of work.

If there should be any change in the charges of trained nurses, it is the opinion of this board of trustees that they should be increased rather than diminished.

For the reasons stated above we do not care to take any part in supporting or furthering the objects of your organization.

Yours very truly,

(Signed) PARK WEED WILLIS, president.

(Signed) JOHN HUNT, secretary.

Board of Trustees of the King County Medical Society.

STUDY AND PREVENTION OF INFANT MORTALITY

THE association which makes this subject its object of study will hold its first annual meeting in Baltimore, Maryland, on November 9, 10, and 11. A general session will be held on the opening day, and on the two following, special sessions will be devoted to the following subjects:

Municipal, state and federal prevention: chairman, Dr. Wm. H. Welch, Johns Hopkins Medical School, Baltimore; secretary, Dr. John S. Fulton, secretary-general International Congress on Hygiene and Demography, Washington.

Medical prevention: chairman, Dr. L. Emmett Holt, 14 W. 55th Street, New York City; secretary, Dr. Philip Van Ingen, 125 East 71st Street, New York City.

Educational prevention: chairman, Dr. Helen C. Putnam, chairman of the committee to investigate the teaching of hygiene, appointed by the American Academy of Medicine, 1903, Providence, R. I.; secretary, Prof. Abby L. Marlatt, Department of Home Economics, University of Wisconsin, Madison, Wisconsin.

Philanthropic prevention: chairman, Dr. Hastings H. Hart, director Department of Child-Helping, Russell Sage Foundation, 105 East 23d Street, New York City; secretary, Mr. Sherman C. Kingsley, superintendent United Charities, Chicago, Ill.

Nurses who are engaged in the care of infants, whether in homes, institutions, or in district work, would do well to join this association (annual dues \$3), and to attend its meetings whenever possible. The headquarters of the association are in the Medical and Chirurgical Faculty Building, 1211 Cathedral Street, Baltimore, Maryland. The executive secretary is Gertrude B. Knipp.

MISS DOCK'S HYGIENE AND MORALITY

OUR review of Miss Dock's new book has been delayed until now by two unavoidable circumstances: the illness at the time the book appeared of our reviewing editor, Miss Cameron, and the suspension of our department material by the issue of the convention number. Most of our readers have doubtless seen notices of the book in the medical and lay press, which, so far as we have seen, have given it a warm welcome, and we hope are planning to add to their libraries of nursing literature this important contribution to the campaign of education on moral prophylaxis. It is especially timely for use in our winter's consideration of this theme, and those who value Miss Dock's clear and thorough work, through her JOURNAL department and through her "Materia Medica" and her share in the "History of Nursing," will eagerly welcome anything that comes from her pen, in addition to the vital subject considered.

A NURSE'S INVENTION

WOMEN seem not to be naturally inventive; most of our sick-room and bed-side appliances have originated in the brain of man, though nurses who are constantly studying the comfort of the helpless ought to be the first to see where improvements can be made. Occasionally we hear of some new device originated by a nurse, and we are glad when she is wise enough to obtain a patent and so reap the reward of her ingenuity for herself, beside adding to the comfort of others.

A solitaire board, which has been sent as a gift to several of our ill nurses, has brought to our attention a simple and ingenious device invented and patented by Mrs. Fannie Smith, secretary of the Missouri State Board of Examiners, Kansas City. Solitaire is one of the diversions to which an invalid naturally turns, but it is almost impossible for a patient to manage the cards on a board or table, unless able to sit up. This new solitaire board is made of pasteboard, so is of light weight, and is in the form of an easel, the lower line being hollowed out to fit over the body. It has folds or pockets which hold the cards in place, yet allow all to be plainly seen, so that it may be used with success by one who is reclining or lying flat.

The board will eventually be on sale in many places, it is hoped, but at present can be obtained directly from Mrs. Smith whose address is always to be found in our official directory under the heading Boards of Examiners.

THE NIGHTINGALE POST CARD

It seems to us a good suggestion that state societies holding conventions during the fall or winter should send to the Illinois nurses for a supply of the Nightingale post cards and have them on sale. We feel no hesitation in calling attention to them again, for their purpose is so beneficent and far-reaching, the shack to be erected from the proceeds of their sale being intended for the use of any nurse suffering from tuberculosis. The beautiful picture of Miss Nightingale will have an added value at this time.

THE BELLEVUE APPOINTMENT

THE position of superintendent of nurses at Bellevue and Allied Hospitals is one of the most important and responsible in the country and has been ably filled by Annie W. Goodrich, who resigned recently to take the position of inspector of nurse training schools of New York state. Her successor is Clara D. Noyes, who comes from St. Luke's Hospital, New Bedford, where she has been superintendent of the hospital and training school for more than nine years, during which time she has seen the hospital grow from a capacity of fifty beds to one hundred and twenty. Miss Noyes is a graduate of Johns Hopkins, where she served in various executive positions for two years after graduation, and was then, for three years, superintendent of the training school of the New England Hospital of Boston before going to New Bedford. She will be greatly missed in Massachusetts state work, and will be warmly welcomed in New York City.

AN ANNIVERSARY

"THE way had seemed long to come; it was short to look back upon." So it seems always when we reach a mile-stone and pause a moment. With this issue, the JOURNAL completes its tenth volume,—a steady uphill climb, with many difficulties and discouragements, many joys and victories.

The JOURNAL was founded by a group of women connected with our two national organizations to be the mouth-piece for those societies, a bond of union between scattered nurses, and a means of education. We believe we can honestly say it has fulfilled its purpose. Our national

societies have grown from small bands to tremendous organizations, state societies exist wherever any large number of nurses is represented, local societies in counties and cities are multiplying,—everywhere there is a union of interests, a oneness of purpose, a general intelligence on nursing and public health problems which would hardly have been possible without the connecting link between workers and thinkers which has been furnished by the JOURNAL.

State registration was only a dream when the JOURNAL was first issued; now there are laws for the registration of nurses in twenty-three states, with the standards which the JOURNAL has advocated practically uniform. Nursing education has advanced and been harmonized wherever these laws exist. In all this work, the JOURNAL has been the chief guide and inspiration of the workers.

The JOURNAL has been particularly fortunate in holding its corps of workers in loyal co-operation. The editor-in-chief, Miss Palmer, has guided its course from the beginning,—when she did her editorial work in the evening, in addition to her duties as superintendent of a large hospital,—to the present time, when she and her assistant in the Rochester office devote all their time to it. Miss Davis, who with her own hand wrote the letters which resulted in our first subscription list of 700, and who was president of the JOURNAL Company until it was firmly established, has twice been business manager, and has stood always ready to serve when needed in any way that she could. Miss McIsaac, who made herself responsible for collecting three articles a month during the JOURNAL's first year (no easy task), has twice been, and is now, president of the JOURNAL Company. Miss Riddle has been treasurer of that Company from the beginning, faithfully fulfilling her duties year after year, the only member of the Board of Directors to hold her position unchanged. Miss Dock has, from the first, conducted the Foreign Department, giving invaluable history and current news of nursing affairs abroad, so that our readers have always had a world-wide view. Though she is now dropping most other interests to devote herself to the question of political equality, she will still keep her JOURNAL department. Miss Scovil, some years ago, gave up active nursing work, but she contributes her share toward nursing education by each month reading and studying the medical journals for our benefit, and all this throughout the ten years with no compensation. Miss Cameron, with the same faithfulness, has for many years written the book reviews always with a spicy comment, which makes the review worth reading for its own sake.

We cannot let this occasion pass without paying tribute, also, to the loyalty and interest of our publishers, who, from the time they took

pains to train the editor-in-chief for those parts of her work which she could not understand without experience, up to the present, have been as eager for the welfare of the JOURNAL as if it were their own, never failing to give warning when they saw danger ahead, sharing the experience they have acquired in the conduct of the other magazines published by them, standing back of the editor in a multitude of problems which are constantly arising and of which no one outside can have any conception.

The financial standing of the magazine was never more satisfactory than at the present time. The subscription list has reached its highest point and is gaining more rapidly than at any previous time in its history.

Through the earlier years it seemed hard for the associations to realize their responsibility for their own magazine, but since the activity in regard to the JOURNAL Purchase Fund, especially since the Minneapolis meeting, there has been a decided increase in their co-operation and support.

VISITING NURSE DEPARTMENT

This comparatively new department was in charge of Miss Fulmer until within the last few months. She undertook it reluctantly and gave it up with relief, finding herself too busy to give it close personal supervision. After a short interval, a new editor was found, Edna L. Foley, R.N., a Smith College and Hartford Hospital graduate, and supervising nurse of the Chicago Tuberculosis Institute. Although her own work demands much time, she will endeavor to edit the department as well, and she hopes for the co-operation of all visiting and welfare nurses. Material may be sent directly to her, or to the Rochester office of the JOURNAL, from which place it will be forwarded to her.

THE EDITOR-IN-CHIEF

In response to many inquiries we wish to announce that Miss Palmer is gaining in strength and hopes to resume her duties in the early fall. She has received so many kind notes of sympathy and interest that, "like Roosevelt," she feels obliged to acknowledge them gratefully through this channel and to ask her friends to pardon her for not replying to each one.

BACK NUMBERS OF THE JOURNAL

The demand for each issue of the JOURNAL is so great that it is becoming more and more difficult to obtain back numbers. Our June and July editions, both of reasonable size, are already exhausted, and nurses whose subscriptions expire with this number are warned to renew at once if they wish to keep their files complete.

A GLIMPSE AHEAD

The October number will contain the usual departments and news, but the solid matter will be a memorial to Isabel Hampton Robb, including sketches of her life and work by some of our best writers and her best friends, and accounts of the memorial exercises. We hope to have some interesting photographs for illustration.

Our plans for the winter include articles on training-school administration, many on private duty, some on the care of the insane, and others of general interest. We wish graduate head nurses in hospitals would make greater use of the JOURNAL for an exchange of ideas. We should welcome letters from them telling what subjects would be of most value in their work.

A CORRECTION

WE are desired to make the following corrections in the convention proceedings, page 873 of the August JOURNAL. Miss O'Halloran did not attend the meetings. Miss E. L. Felker, of Lewistown, Pennsylvania, spoke of the work in that state. "Nurses who are unpaid, untrained," should read, "nurses who are well paid, but untrained." "Nurses are not afraid to meet this call," should read, "nurses are afraid to meet this call."

In making this correction we wish to explain why it is that in spite of careful reading of the minutes by the president and secretary of the Associated Alumnae, as well as by the JOURNAL editors, such errors will sometimes occur. All possible pains are taken to have every statement correct, many letters being written for this purpose before the material is sent to press, but the stenographer's notes always contain some mistakes because *he cannot hear clearly what is said*. Our members are not yet sufficiently trained in public speaking to enunciate clearly, to talk slowly, and to give the name on rising. We are improving with each convention, but it is still true that women's meetings are hard to report accurately.

THE RESPONSIBILITY OF THE TRAINED NURSE TO THE COMMUNITY.*

By PAUL H. RINGER, A.B., M.D.
Asheville, N. C.

THE responsibility of the trained nurse to the community is a matter that must touch each of us, composing as we do the community. This responsibility is real and is great. It is admitted beyond a doubt that a good condition of public health is a nation's best asset. The necessity for the betterment and maintenance of the standard of public health has become startlingly apparent in the last decade. When a nation feels in its heart the need for some great movement, that need finds its tangible expression in the prominence of a few leaders—individuals that have felt the throbbing pulse and, correctly interpreting its meaning, have set themselves to the work of meeting the requirement. Thus we have, in the past ten years, seen the establishment of the National Association for the Study and Prevention of Tuberculosis, of kindred state and county societies; we have seen here in the south the progress of the fight against hook-worm and pellagra, we have seen medical, sociological, and philanthropic agitations for the improvement of the mode of life among factory and mill workers, we have seen the development of a systematic form of district nursing, we have seen the establishment of various laboratories for research work, culminating in that pinnacle of modern institutions for investigation: the Rockefeller Institute in New York. And why is it that all this has taken place in the 20th century, as yet not a decade along? It is because we of the United States realize that on the health and longevity of our citizens depends the welfare—mental, moral, and physical—of the nation.

The present era is one of precision in diagnosis, of new and fulsome methods for the treatment and cure of disease, but more than this, it is essentially an era of prophylaxis; of preventive medicine. The martyrdom of Dr. Lazear to yellow fever, the monumental work of Dr. Gorgas in rendering the canal zone habitable for the white man and thus ensuring the completion of the Panama Canal, the ultimate object of the societies and associations heretofore mentioned, give eloquent testimony to the importance of the goal of prevention and to the zeal with which it is being sought.

* Read before the North Carolina State Nurses' Association, June 8, 1910.

The physician is, in the very nature of things, the one to take the lead in the work of investigation and research tending to the betterment of public health, to the prevention of illness, and to the protection of healthy individuals from existing diseases. Certain general laws to be followed in all diseases have been laid down, certain specific laws applicable in specific diseases have also been accepted. Some of these laws are national in scope; others have a state-wide range; by far the great majority relate to the care of the individual that is ill, to protect him from further infection and, still more, to afford safety to his family, his neighbors, and his community.

While the physician gives directions both as to preventive and curative measures, the trained nurse is the one that carries out instructions. She it is that has to go to endless pains and trouble to see that disinfection is thorough, quarantine efficient, isolation absolute. She it is that, in addition to the care and attention given to her patient, must see that his family carries out the general directions for its protection and for that of those with whom they come in contact. That the trained nurse does this and does this well none can doubt who have been so fortunate from the standpoint of the physician, or so unfortunate from the standpoint of the patient and family, as to have frequent opportunity to see and study her work. The work of physician and nurse is always co-operative—if their relation cannot be such from start to finish, let it never be established. The trained nurse never could have existed had it not been for the physician; but, having once come into the sphere of his professional life, she has assumed such a position, has filled such a void, and comprehends such usefulness, that now the physician cannot practise his calling to the best of his ability and with full justice to his patients and to himself without the trained nurse. From humble origin, looked at askance, often treated with scorn and contempt, she has in the last quarter century by her own efforts, by the personnel of those of her calling, by her repeatedly well-proven ability, risen to a position of honor, of respect, of admiration among men and women; to a position of trust and of necessity in the community.

This position of trust also carries with it one of responsibility. How many people realize that if the nurse in charge of a case of typhoid be not scrupulously careful and thorough in her methods of disinfection, scores may fall victims to the disease? And how many stop to think that if the nurse does not see to absolute quarantine in scarlet fever, an epidemic with loss of many lives may result? Does the laity fully understand that the details, upon the faithful execution of which their health and that of their loved ones depends, are, in most cases, the work of the

trained nurse? Does it fully understand what havoc a lapse on her part may bring about? I fear not. And does it not frequently give too much credit to the physician and not enough to the nurse? I fear so.

The trained nurse has a twofold duty and responsibility. First, a duty and responsibility toward her patient, and second, a duty and responsibility toward the community. She plays also a twofold rôle—that of one ministering to the needs of the sick man, and that of an educator to his family and neighbors. Of her duty to her patient and of her care of him as an individual, we shall say nothing. It is not our intention to delve into the practical side of nursing the sick, nor to give advice as to certain psychic influences that, emanating from the nurse, play so important a part in the patient's morale—but we do wish to emphasize the duty and responsibility of the trained nurse to the community, and her rôle as an educator.

Does every nurse realize the enormous task on her shoulders when nursing an acute infectious contagious disease? Does she realize that nine times out of ten she is the one responsible for its spread or its restriction? Does she realize that potentially indeed, but none the less actually, the health and perhaps the lives of many are in the hollow of her hand? I believe the vast majority of trained nurses of to-day have grasped these facts, yet it is well from time to time to impress them anew. It may be—I say it with shame—it may be that in a case of typhoid, or scarlet fever, or diphtheria, the attending physician will not give minute details as to modes of disinfection and methods of quarantine. Shall the nurse then hesitate to carry out preventive measures because not so instructed? Indeed no. Proper preventive measures should be instituted as a matter of course—without instruction—even without question. The physician, if delinquent, will at once see his fault, and will be grateful to the valuable supplementary action of his nurse. It will raise her in his estimation, and will show him that she is not simply one that carries out orders, but an individuality aiding him in all ways toward the resumption and preservation of health. A nurse who discards thorough and never-relaxing disinfection in typhoid, or who slights absolute quarantine in scarlet fever is, to my mind, committing a far greater offense than one who neglects to give a dose of medicine at the appointed hour or fails to chart a temperature and pulse observation. Prevention is worth pounds and pounds of cure, and in many ways a sin of omission is greater than one of commission.

Again, in the broadest and finest sense of the word, the duty of the trained nurse does not end when her patient is made comfortable, all orders carried out, all mandates executed. She comes much as the go-

between separating the laity from the physician. The former, usually very ignorant of the simple laws of health, feels far removed, in all matters not immediately concerned with the illness of the patient, from the latter, with whom the preservation and restoration of health is a life-work. The trained nurse is in no sense a physician; neither is she in any way a layman—she bridges the gap. The physician sees the patient and family but for a short period of time daily—indeed often not daily; he has then the immediate needs of the patient before him, and those alone. The trained nurse is spending her entire time in the household, and soon discovers wherein it is at fault in its physical and hygienic regulations. Here is where her power as an educator makes itself felt. To be sure, she must not be pedantic or didactic: she must not appear to take upon her shoulders the burden of setting the family straight; such rough-shod methods will meet with but a cold reception: but with infinite tact and patience (the trained nurse without both of these qualities highly developed has missed her calling) she must make her influence felt and its results apparent. In the upper classes such an educational campaign will but rarely be needed—though many seem woefully ignorant as to the value of free ventilation and the harmlessness of night air (which latter, being the only air we have at night, might just as well be used), but the bulk of our people is composed of the middle and lower classes, and among them it is that suggestions will be most fruitful. In all the attempts at improving hygienic conditions, the great cry has been for individual attention. The beneficent society, whatever it be, appoints committees, drafts resolutions, scatters broadcast free literature, but all know that the ground-work of progress must be personal contact between those in a position to instruct and those needing instruction. The trained nurse occupies such a position by the very nature of her calling. The utilization of her opportunities forms one of the finest chapters in the glorious volume of her work, and, if practised systematically, will spread abroad much-needed knowledge with greatly beneficial results to the community.

And finally, does not this whole subject narrow itself down to the plane of the ideals of the trained nurse's profession? Looked at from a stultified viewpoint she is to take care of the patient allotted to her; doing all that is needful for him that he shall be closely watched, made comfortable, and protected from untoward influences. Well and good—but this is piece-work—one patient, one responsibility, one duty. There is something far nobler and far grander in the life of the trained nurse. Her patient is the immediate preoccupation, but behind, before, and beyond, is her duty to humanity—"the law of higher life is fulfilled only

by love"—her duty to all those that come within her sphere; the power to protect the innocent, to spread knowledge among the ignorant, to pave the way for the betterment and maintenance of health. All these great gifts are hers to distribute. She knows them, she has them, let her give them gladly and freely, continuing to prove herself as she has in the past, more than worthy of the trust and responsibility vested in her, showing herself by her humanitarianism, by her womanliness, by her works, one of the foremost national bulwarks of the twentieth century.

A FEW SUGGESTIONS FOR A PATIENT'S LIBRARY.

THE following is a list of the volumes contained in the Henry Phipps Library in one of the wards of the Manhattan State Hospital. The asterisks show which books are most frequently taken out. It is suggested that bookcases should be open and free for the use of the patients, and that a close observation by nurses of the choices made would enable the building up eventually of typical collections of books for different groups of patients.

Fiction, including Juvenile Books: *Alcott, *Little Women*; Aldrich, *Story of a Bad Boy*; Allen, *A Kentucky Cardinal*; Beard, *American Girls*, *Recreation*, *What a Girl Can Make*; Brown, *Rab and His Friends*; Bunner, *Short Sixes*; *Burnett, *Little Lord Fauntleroy*; Butler, *Pigs is Pigs*; Conner, *The Sky Pilot*; Crawford, *A Roman Singer*; Curtis, *Prue and I*; *Defoe, *Robinson Crusoe*; Deland, *Old Chester Tales*; Doyle, *Micah Clarke*, *The White Company*; Eggleston, *The Hoosier Schoolmaster*; Hale, *The Peterkin Papers*; Hall, *Aunt Jane of Kentucky*; Harris, *Uncle Remus*; Harte, *Tales*; Hawthorne, *A Wonder Book*; Henry, *Four Million*; Jacobs, *Many Cargoes*, *Dialston Lane*; **Jerome, *Three Men in a Boat*; *Kelly, *Little Citizens*; Kipling, *Captains Courageous*; Mitchell, *Hugh Wynne*; Ollivant, *Bob, Son of Battle*; Pyle, *Robin Hood*; ***Rice, *Lovey Mary*; Scott, *Ivanhoe*, *The Talisman*; *Shute, *Real Diary of a Real Boy*; Stevenson, *St. Ives*; Stewart, *Partners of Providence*; Tarkington, *Mons. Beaucaire*; Twain, *Huckleberry Finn*, *Tom Sawyer*; Warner, *The Wide Wide World*; Westcott, *David Harum*; Weyman, *A Gentleman of France*; Wiggin, *The Birds' Christmas Carol*, *Rebecca of Sunnybrook Farm*.

History, Biography, Travel, etc.: Brooks, *Life of Lincoln*; Carey, *Good Women*; Davis, *From a Car Window*; Farmer, *Famous Queens*; *Fiske, *History of the United States*; *Gulick, *The Efficient Life*, *Mind*

and Work; *Irving, *The Sketch Book*; Janvier, *History of New York*; *Keller, *Story of My Life*; Peary, *Children of the Arctic*, *The Snow Baby*; Peeps at Many Lands, 12 vols; Riis, *The Making of an American*; Stevenson, *Travels with a Donkey*; Yonge, *History of England*.

Nature Books: Blanchan, *Bird Neighbors*; Dana, *How to Know the Wild Flowers*; Kellogg, *Insect Stories*; Long, *School of the Woods*; Lottridge, *Snap Shots*; Mathews, *Wild Birds*; Morley, *Bee People*; Newell, *The Hole Book*; Wood, *Natural History*.

Miscellaneous: Hammond's *Atlas of the World*; Leech, *Pictures*; *Mother Goose; Smith, *Noah's Ark*.

Poetry: Field, *Poems*; Longfellow, *Poems*; Riley, *Poems*; Scott, *Poems*; Stevenson, *Poems*; Tennyson, *Poems*; *Golden Numbers*; *Golden Treasury*; **Treasure Book of Verses*.

THE ENTERTAINMENT OF SICK AND CONVALESCENT CHILDREN

By EMILY PEMBER

Graduate of Union Hospital, Fall River, Mass., and of the Boston Floating Hospital

ALTHOUGH not as precocious as the delightful "Rebecca of Sunnybrook Farm" who, at the mature age of eleven, had brought up three and a half babies,—at an equally tender age I was entrusted to amuse the younger children of the family and neighborhood, first, because it was oftentimes very convenient to the mother, enabling her to get a free afternoon and, secondly, because I was commonly said to "have a way with children."

It was not an accomplishment that either my family or myself were at all proud of, and it was not until many years after when I had commenced my career as a private duty nurse, that I recalled and was glad to turn to account the knowledge of child nature that I had, all unconsciously, obtained by this neighborhood nurse-maid course.

Apropos of entertainment,—nearly all children, and even babies, are entertained too much. I have never yet seen anyone so fond of children who, if put to the test, did not find the constant effort to amuse a child irksome and nerve-racking, neither have I ever seen a child thus treated who was happy and spontaneous.

To maintain a quiet and tranquil atmosphere in the sick room is of

even more importance with the little tots than with the grown-ups and I know of nothing that is a more direct hindrance to that desirable end, than loading the room and even the crib with complicated and diverse toys.

One of my first cases was a little lad of eight, whose possessions would have furnished an expensive and nearly complete toy shop. When he had convalesced far enough to sit up, I presented him with a five-cent ball of twine, and taught him to make the simplest "cat's cradle." Never was a ball of twine more cherished. He insisted on keeping it in his pajamas pocket and with the assistance of some toothpicks and his own imagination formed many wonderful and curious constructions. It was actually the only plaything he had the remaining week I stayed with him.

I think that the one toy that has given the most pleasure, both to my little patients and myself, is a standard blackboard. Any nurse is artist enough to draw story-telling pictures when she can be aided by a child's imagination.

It is through his imagination in almost every instance that the nurse gains the full confidence of the patient, for the child's only world is the play world,—the realm of make-believe.

As an aid both to cultivate and to strengthen the imagination, story-telling and reading aloud are invaluable. In almost every home and in nearly all public libraries there is an abundance of good, wholesome material to choose from. Be sure that the story is suited to the intellect of the child, and does not tax his mind too severely. With younger children, and with older ones who are still quite weak, it is usually better to tell the story. A favorite story repeated for the "hundred and onth" time and after it has long since been memorized is more acceptable and less fatiguing than listening to a new one.

As, with most children of a larger growth the most popular form of entertainment is eating and drinking, so is his stomach the centre of the child's economy. Here again the imagination may be appealed to successfully. The old device of pasting a picture on the bottom of the glass of milk usually succeeds in emptying the glass.

Stale bread, sliced thin, and made into the semblance of pie or tarts, by spreading with a puree of apple or prunes, and cutting into the proper shapes, will often be appreciated. Chinese pudding will taste better than steamed rice, gelatine will be more acceptable if served in orange baskets, while crackers and gingerbread figures and cereal and other jellies moulded in fancy shapes always prove a delight. Ice cream in a flower

pot is a beautiful surprise and sometimes a paper tent can cover the whole dish or tray,—admission, a dose of medicine.

Infinite other devices will occur to the resourceful nurse, always taking care that they and, indeed, all forms of entertainment, are introduced only to meet a real need, otherwise the little patient may become sated, even bored, with our efforts and then “the last state of the child will be worse than the first.”

MENTAL EXAMINATION OF PATIENTS BY NURSES

BY HENRY W. MILLER, M.D.

Clinical Director, Government Hospital for the Insane, Washington, D. C.

THE following scheme for the mental examination of patients by nurses is the outcome of a desire to increase the efficiency of the nurse in hospitals for the insane.

One of the chief problems in the training of the general nurse, as well as the mental nurse, is that of teaching the pupil to observe, record, and report symptoms. The ability to observe accurately distinguishes the trained nurse from the untrained. In our field of medicine (psychiatry), careful observation of mental symptoms by the one who is in immediate contact with the patient is particularly desirable for obvious reasons.

The outline submitted here was prepared for the senior class of nurses in our training school, supplemental to the course of instruction upon mental diseases, as a means of testing their efficiency in observing and recording symptoms. Each nurse was given a patient to examine, according to the plan, and the results have proved so satisfactory that we are adopting the examination for general use among the nurses.

It will be seen that little preliminary explanation is required to prepare the nurse for examination of the patient, inasmuch as the various points are indicated by suggestive questions, and therein lies the advantage of this outline.

Experience has shown that any method of examination which depends upon the nurse's ability to draw deductions from symptoms observed is of little value except in isolated instances, and such a method could be applicable only to the nurse who had a fair knowledge of mental diseases.

I have found that an explanatory lecture enhances the value of this examination.

I. *General Attitude and Behavior of Patient.*—(a) How did patient behave when admitted? (b) Is he quiet? (c) Is he dull or sluggish? (d) Just what does he do throughout the day? (e) In moving about, is he slow or hesitating? (f) Is he excited in any way? (g) If so, in what manner? (h) Does he talk much when quiet or excited? (i) Is he ever seen in peculiar positions? (j) Is there any difficulty in getting along with him? (k) How does he get along with other patients? (l) Is he neat and tidy in appearance? (m) Does he dress himself without assistance? (n) Does he attend to his personal wants? (o) Is he happy or depressed, composed or fearful, agreeable or irritable? (p) How is his appetite? Any peculiarity about eating?

II. *Orientation i.e. Clearness as to Time, Place, and Persons.*—A. Time: (a) What day is it? (b) Date? Month and year? (c) How long have you been in the hospital?

B. Place: (a) What place is this? (b) Where is it? (c) What place did you come from?

C. Persons: Who are the different people about you? Who are your physicians here?

III. *Memory.*—How did you come here? How long were you coming? With whom did you come? What was done with you after you came? Give examples if there is any indication of failure of memory.

IV. *Hallucinations or Illusions.*—Does patient hear voices or see strange objects? Give examples.

V. *Delusions.*—Has patient false ideas? Give examples.

VI. *Patient's Talk.*—Describe and give examples of patient's voluntary talk. If he talks without questions, say so; if not, give the questions and the answer. Does he answer questions? Does he do so promptly or slowly?

Answer all questions fully even if of apparent negative value. State facts and do not draw conclusions.

The following is a sample of a nurse's record, being prepared by Mr. J. K. Pumphrey, a senior class nurse:

Name: George L. H.

I. GENERAL ATTITUDE AND BEHAVIOR OF PATIENT

"He is generally quiet. He is dull and rather sluggish. Sometimes he will help with the ward work. At other times he will sit quietly in a chair, with his head bowed down, as though very much depressed, or he will lie on the floor with his head covered with his coat. Sometimes he will undress himself and go to bed during the day. He often asks to be sent home or let out of the ward, so that he may go home himself.

In moving about he is slow and hesitating. Have never seen him excited since his admission to this ward. He does not have much to say at any time. There is no difficulty in getting along with him. Some of the patients do not like him, but he seems to get along with them very well. He is fairly neat and tidy in his appearance. He dresses himself without assistance, and attends as far as he can to his own personal wants. He seems more depressed than happy, and seems a little fearful at times. He is generally agreeable; sometimes he gets a little irritable.

“His appetite is uncertain; for two or three days he may eat ravenously. Then he may miss one or two meals a day for three or four days, and then start in again and eat regularly for two or three weeks.”

II. ORIENTATION: *i.e.* CLEARNESS AS TO TIME, PLACE, AND PERSONS

“He is oriented to day, date, month and year, and how long he has been in the hospital.

“When asked what place is this he answered, ‘Government Hospital, for taking care of the insane, near Washington, D. C.’ Said he came from Watertown Arsenal, near Boston.

“He said the people about him are all patients except the attendants. The patients all seem well. Some of them act a little queer, but do not know what is wrong with them. Dr. W. is the head doctor, Dr. B. comes through his ward, and there is another doctor with glasses; does not know his name (Dr. M.).”

III. MEMORY

“When questioned as to his memory, the following are his statement and answers:

“‘I came from Watertown Arsenal to Boston by train, and from Boston to New York by boat part of the way, and by train the other part; and from New York to Washington by train. I came from the depot, in Washington, over here in an ambulance. I was about 24 hours coming here; left Watertown about 7 P.M. on November 30, arrived here 4 or 5 P.M., December 1. I came here with Sergeant Tanner. They took me in that 1st Ward at B building. I gave up my watch and change, also my finger-nail clippers; then undressed, and they gave me a bath. After the bath I put on my pajamas and went in the dining-room and had supper. After supper went back to the ward, sat down a few minutes, and I saw two fellows have a fight. In about an hour after that I went to bed, and went to sleep in about half an hour and got a good night’s rest.

“‘I was surprised when I got here to find this some kind of an

asylum. I do not think they should have sent me here. I was told they were sending me to a home or a hospital, to have me examined for physical defects. Although I am glad, now, that they sent me here, as I have learned things which if I had known before I would have done a whole lot different. I have been able to see through things which I could not understand before; I have had my fortune told several times.' (He would not state anything further on this subject.)"

IV. HALLUCINATIONS, ILLUSIONS, AND DELUSIONS

"In answer to questions, the following is his own statement: 'When I was up north I heard voices which I cannot account for. I was talking to Corporal Collins. I asked him a question which would ordinarily have been none of my business. After that I heard voices talking to me. They were disputing over something that happened to me in the Philippine Islands. They also told me I was going insane. I had a talk shortly after that with Corporal Brooks. I asked him if he had a chaplain, and he said, no. I told him that I wanted one and he had better get him quick. I wanted to see a chaplain, because I had been forgiven of my sins, and thought it no more than right that I should see a chaplain. The voices did not tell me this, although they were saying something to me. But a feeling came over me and I knew it was so.

" 'Since I have been here what I have learned principally is through these voices, and I do not know where these voices come from. They do not bother me; sometimes I like to hear them. It is like a ticking in the ear. They sometimes tell me to do one thing, and I start to do that and they tell me to do another. I hear them more at night than at any other time. Sometimes when I go to the window and look out I hear these voices. It seems as if there is something wrong about me, on the outside. The people are disputing about me. They are not satisfied with me, and if I sit down in a chair they tell me I am sitting wrong, and I should sit some other way. Sometimes when I go in the dining-room to my meals they tell me if I eat that meal I will cause some one to starve. So at times I don't know what to do. I have been up all hours, night and day, and I have never seen anything that I could not account for, or anything so very strange.

" 'I told Corporal Collins at one time to lay up all the stores he could, as we were going to have a famine. One day I went down into a ravine and saw some water. I put my hand into it and found it was warm. I told the Corporal the place was going to sink, and we had

better leave there. But I found out afterwards that it was water coming from a hot water pipe under the ground.

“‘ Since I have been here I sometimes get the idea that this is a place for the storage of people and goods to be prepared for the famine.’ ”

V. PATIENT'S TALK

“The patient's voluntary talk is usually about being let out of the hospital that he may go home; or asking for something. He often asks to see his trunk and his clothing. He wants to see if they are all right. Asks what he must do, and to be given work outside. When taken outside tried to make his escape. He answers questions very slowly and hesitatingly, as though suspicious of you or the object for which they are asked.”

A NURSE IN PERU

By BERTHA MOERI

Graduate of the German Hospital, New York City

THE building over which I have the supervision is an orphan asylum. In my department there are at present only infants from one day to one year old. The children from one to six years of age are cared for by Catholic Sisters. All hospitals and nearly all the schools are conducted by the Sisters. However, who else shall do the nursing? There are no trained nurses. I have the honor to be the first one, and coupled with the honor, I have the annoyances. One of our physicians took me to see a hospital for male patients. There were six hundred men being cared for by twenty-five Sisters. That means not only the nursing, but the cooking and washing as well, in fact all the work of that hospital is being done by these twenty-five Sisters. Oh, what a field for a training school! The hospitals themselves are not badly constructed. The wards are large, with high ceilings, and ventilation properly provided for. But there are too many beds. My fingers fairly itched when I saw bed-pans, cuspidors, eatables, clothing, dressings, tobacco pipes, medicines, etc., all over the patients' tables.

To return to my own field of work, I found much that needed improving. When I entered my department I found forty cribs containing infants up to nine months, beside twenty-six adult beds for the wet nurses, who nurse and otherwise care for their charges. At night they took the babies to bed with them, sleeping in the clothing they wore during the

day. Under each bed was a chamber. Diapers that had only been wet were spread on the floor or hung on the beds to dry. With all this, the windows were closed tight, as the night air was supposed to be very bad. But imagine the air in the ward! Then I got to work and left them no peace until a separate ward was arranged for the women.

Can you picture my joy on the day when my ten pupils appeared in uniform for the first time? After a few days I sent two off to sleep in order that I might put them on night duty. That was indeed a great event, and also a lot of work, but it is accomplished. The women now sleep in an adjoining room, and my fifty little beds look so nice by themselves. With few exceptions, the babies get bottles at night, so the foster mothers are not disturbed. Thanks to my experience in the Babies' Hospital, I am able to meet nearly all requirements with Dr. Emmett Holt's formulas, except that I am obliged to sterilize every drop of milk, it is so bad. This week we received all the necessary equipment for a diet kitchen, together with a sterilizer and an electric bottle washing apparatus. That will save much work. Since my arrival a laundry has been provided. Before that, each woman washed the clothes of the two children she was taking care of, in cold running water. When dry, the clothes were stored under the mattress. Was it any wonder that the babies had scabies, and innumerable other skin affections? For four weeks I spent many hours a day on nothing but cleaning heads, cutting the hair, then scrubbing with soap and water, then with bichloride, and finally the various healing ointments to suit the individual cases. Sometimes I was in despair, but I felt I must keep on, and to-day I have forty-eight little ones all clean and healed.

My little charges are increasing so rapidly. The country is threatened with war, that is war between Peru and Ecuador. War has not yet been declared, and at present efforts are being made to settle diplomatically, but a ship sailed to-day with 3000 soldiers and there is great excitement. I have offered my meagre assistance in case of necessity, and, together with some ladies in the town, have started a temporary Red Cross Society. "All the best physicians have offered their services to the government. The government has gratefully accepted our offer, and we are now awaiting the outcome. I thank God every day that I am well and happy and believe myself equal to the task of whatever is given me to do, but oh, how I long sometimes for a little advice. I do the best I can and try to profit by my own experience. How I would welcome a few nurses in this place. No one can imagine how badly needed they are. Only now I realize how well our hospitals are managed and how carefully our sick are cared for. That is why it seems incomprehensible

that this country should be so far behind. The lack of knowledge in the care of the sick here is simply dreadful. How am I ever going to turn out good nurses from an orphan asylum where the sick and well children are all together? You may see how little they understand what is required, for how can they learn general nursing, except theoretically, when they only nurse babies? However, I am sure of accomplishing some good, if not a great deal; I must be satisfied with the little I can do, and thus at least lay the foundation stone. Some one else will have to do the building, so I try to keep up my courage and do the most urgent things first. Order, cleanliness, and discipline are three words of which they do not even know the meaning. You will laugh when I tell you that when my pupils have a toothache they tie up their faces with a cloth. If it is a headache they let down their hair and if their feet hurt, shoes and stockings are discarded. Big surprised eyes greet my statement that such things are not permissible on duty. Sometimes I must laugh, myself, the things are so funny, but more often my heart is heavy, when I think of my dear orderly school at home.

DANGERS OF THE MENOPAUSE

By ANNE E. PERKINS, M.D.

THERE are many widespread, popular fallacies regarding the menopause which every nurse should correct whenever there is opportunity. If nurses would disseminate knowledge of the *real dangers* and banish the imaginary bugbears, many lives would be thereby saved. Women speak more freely of these things to other women, especially nurses, than they do to men physicians.

The majority of women accept unquestioningly two-thirds of the ill-feelings and symptoms that they may have from the time they are forty till they are sixty, as due to the "change of life." They lay everything that happens ten years before and ten years afterward, to their *age*, and how frequently one hears "It's my age, I suppose!"

The menopause is a natural, physiological occurrence—the end of the child-bearing period. It may occur as early as thirty or thirty-five, but usually between forty-five and fifty. It may, and often does, cease suddenly without any previous irregularity, and cease without any symptoms. Frequently, however, it is preceded by a varying period of irregularity, and the nervous and vasomotor systems suffer, as shown by "hot flashes," nervousness, insomnia, irritability, faintness, severe headaches, cardiac palpitation, sweatings, depression, neurasthenia.

A few develop involution melancholia at this period, but it is not responsible for one-tenth of the cases of insanity ascribed to it. As the uterus is growing smaller, undergoing atrophy, it stands to reason that *hemorrhages* should not be looked for,—rather the flow should be *less*, irregular, and scanty.

Therefore any tendency to prolonged, excessive, or too frequent flow should not be ignored, but too many physicians hold old-fashioned ideas and tell a woman, without examining her, that it is her age and she will be better when “the *change*” is over. A real heart disease may be overlooked and regarded as flutterings and palpitation of this period.

Many complain of their heads—they feel strange, confused, “stirred up,” they can not think, can not set themselves to work, especially at *sewing* or *fancy work*. Heating occupations, as cooking or ironing, greatly aggravate the nervousness and waves of heat.

They often say, “I don’t feel natural, it is as if I were some one else.” “I can’t get interested in anything, can’t read.” Some can not stay in a theatre or church, others are unable to take a railroad journey, on account of confusion to the head. Hot flushes may come as soon as they are comfortably warm in bed and, no matter how cold the night, they must throw off all bed clothing, and even thrust their heads out of the window, as wave after wave of heat rushes over them, accompanied by nausea or faintness and distress in the head, followed by sweating. The danger of taking sedatives and narcotics to relieve the insomnia caused by these, is very great. I have seen women slaves to chloral and bromides through the physician’s prescribing; and many become addicted to the use of whiskey and wines from fancied relief at this time.

Pruritus is liable to be very annoying.

Fresh air is the best remedy for the hot flushes. There should be abundant air in the sleeping and living rooms, and the temperature not over 68°, the woman should spend all the time possible out-of-doors, and as far as possible avoid heating occupations or those requiring *close application*, as fancy work, embroidery, &c. Home surroundings often aggravate, and a complete change of scene or a trip abroad may help. No drugs should be taken except under advice of a physician. Ovarian and thyroid extracts are sometimes helpful.

Hundreds of women would never consider an examination necessary. If they flow until they are fairly exsanguinated, it is “the *change* of life.” They expect all sorts of irregularities, hemorrhages, discharges, pains, etc. They often refuse to have a fibroid tumor removed, as it “will not be troublesome” after the menopause. In reality, this is the time when

the closest attention should be paid to any unusual discharge, leucorrhœa, watery or blood-tinged flow, as well as to any "lump" in the breast.

These things may be symptoms of cancer, early recognition of which means the difference between life and death for the woman. Too many cases come too late for operation. Bear in mind always that cancer may exist without severe pain or cachexia or even a foul odor to the discharge.

In Germany, a little pamphlet is being distributed to women, warning them what certain symptoms mean, with the result of increasing the operable cases, since women present themselves sooner for examination. While women should not be constantly alarmed and apprehensive, they should be made to realize that some symptoms are danger signals and demand expert examination and treatment.

Women should be educated out of the wrong ideas and superstitions relative to diseases occurring during or after the menopause. It is firmly fixed in their minds that they "must expect" this and that symptom, and all their friends believe the same, so that they talk it over together, instead of consulting a physician.

It should be impressed on every woman that after she has passed the menopause, some months or years previously, if *any discharge* appears from the vagina it requires attention from a reputable physician. Frequently there is a sudden, watery discharge without pain or other symptoms; it may be slight and faintly tinged with blood. Perhaps the woman is feeling unusually well, and it lasts only a few hours, to reappear after several days or weeks. On its reappearance, quite likely there is a disagreeable odor, and perhaps an uneasiness or heaviness in the pelvic region, backache, or bladder symptoms. Too often, if she "talks it over" with her best friend, any anxiety is allayed and she attributes it to "the change of life." Later it is bloody in character. She may consult a physician but object absolutely to an examination. Some physicians yield to this and give medicine. She does not improve, and takes up osteopathy or Christian science. Frequently she is examined by a physician and treated for "ulceration of the womb," by applications, tampons, electricity, etc.

Too many of us have not unlearned the old teaching that a *cancer* of the uterus means severe pain, marked cachexia and emaciation, with profuse, offensive bleeding. Accordingly, if a patient is well nourished and has a clear complexion, cancer is overlooked. A very common and distressing occurrence in hospitals or private practice, is to have a case brought that has been overlooked until *too late for operation*. It is the difference between life and death whether the diagnosis is made early or late. This lies usually with the general practitioner and the better

enlightenment of women in general. A very frequent cause of prolonged, irregular flooding after or during menopause is a fibroid tumor. There again, one finds that a *tumor* means to the laity something so large that it deforms the shape of the abdomen, and is evident to all. The woman may flow for one or two weeks instead of from three to five days, lose strength, become pale and languid, half her time being spent on the couch, as she is unable to do her work. She accepts it uncomplainingly as due to her "age", until intelligent examination shows the presence of a fibroid tumor, not necessarily very large, but bleeding. Those that go on too long without discovery are inoperable or impracticable, because 40 per cent. of the patients in a late stage develop a serious heart or kidney lesion and can not take an anæsthetic. Albumin is found in the urine, with casts, and a heart murmur. Yet these women, when the diagnosis has been made at all, may have been told that they should wait until the change is over, then the bleeding will stop.

The artificial menopause is nearly always more stormy and trying than the natural cessation of the menses. It is brought about generally by removal of the ovaries, though some menstruate regularly for years, if a small bit of ovarian tissue is left intentionally or accidentally. If the *uterus* is removed and ovaries left, there are not the distressing flushes and waves of heat, until the usual time for the menopause, or for some time after the operation, whereas when the ovaries are taken out, hot flushes come in a few weeks. All the unpleasant symptoms of the menopause are markedly exaggerated and last longer, the younger the woman the more she suffers, because it is sudden and not gradual,—unnatural. Many women say that they have merely exchanged one set of symptoms for another,—pain, for those indescribable, almost unbearable hot flushes and a post-operative intense nervousness and discomfort. Insomnia and nervous symptoms are often marked and the woman's condition may be pitiable for even two or three years, but there is an exaggerated idea among the laity of the fearful dangers of insanity following this operation, also of the unsexing of women. However, in neurotic families, the operation precipitating an artificial menopause is not without considerable danger of insanity, and the family should be warned before it is undertaken. Most women regain their nervous poise after a time.

HELPS FOR THE NEW GRADUATE

BY ETHEL JOHNSON

Graduate of Milwaukee County Hospital, Wauwatosa, Wis.

THE training schools of the country are regularly turning out classes of graduates who are full of enthusiasm, in love with life, and anxious to battle with big problems.

They are given a great deal of advice—particularly on the night of their graduation—but, as a rule, it is not of a practical sort, the kind that will be of real use when on a hard case, far from house doctors and sister nurses.

I am supposing that the average nurse will do some private nursing before attempting any other line of work. It is necessary to give her confidence, and to determine what she is worth when thrown on her own resources.

“A workman is known by his tools.” The doctor for whom you have your first case will be pleased if your suit-case is properly equipped with the necessary “nursing tools.”

The first thing to consider is the suit-case. Do not forget that you will have to carry it a great deal, and it should be as cheap and as light as you can get. A dark-colored case, in imitation leather, can be bought for a dollar and a half. When old, such a case can be made to look like new with twenty-five cents' worth of brown paint and a ten cent brush.

A travelling case made of denim, having pockets bound with tape, can be made large enough to hold toilet articles, rubber gloves, hypodermic case, antiseptic tablets, stationery, indelible pencil, pins, and a small box in which you can keep catheters, colon tube, enema and douche points, medicine dropper, scissors, tissue forceps, and a small hæmostat.

If the back of this case is made double, it will afford a place for your clinical charts, hot-water bag and fountain syringe. Unfortunately, all homes are not supplied with a fountain syringe, and very often it is necessary to your patient's welfare that you have one to use at once.

Dock's *Materia Medica* and Pattee's *Practical Dietetics* are valuable helps to the private nurse. Too many books fill up your suit-case and make it heavy.

Of course you will put in a serviceable wash kimono, comfortable

slippers, shoes with rubber heels, plenty of collars, cuffs, caps, two uniforms (if colored), and four or five aprons.

Much may be said in favor of the stripes for private nursing; they are "nurse like," cheaper to launder, and better adapted to many of the places in which you will find yourself.

Whether you wear white or colored uniforms, be sure that you have enough. Do not stint yourself in this respect. Have plenty of uniforms and underclothing so that you can repack your suit-case as soon as you have finished a case. Make a habit of doing this, it will save you trouble when a call comes and enable you to reach your patient in less time.

Unless you have an out-door uniform, you will need a long dark coat that will entirely cover your uniform and a small street hat. Besides all these things you must take with you tact, gentleness, good judgment, and endurance.

Be careful to get all orders right. It is best to have them written before the doctor leaves the house. When you have learned the names of the medicines to be given, look them up in your *materia medica*—even if you have passed your examination in that subject. Look them up, in order that you may not be surprised and possibly frightened at their effect.

In the back of the little cook book mentioned is a list of foods for different diseases. If you follow those suggestions, in the absence of special directions, the physician will have no cause to complain about the patient's diet.

MEN in authority with a real knowledge of character seldom find much fault. They realize that in dealing with an energetic and dutiful race like the English the majority of subordinates whose work is suited to them and who are well paid and well treated do their best. To be constantly using the spur upon them is simply to increase the aggregate suffering of the world, and to wear them out before their time.
—*The Spectator*.

It is not enough to denounce the false. We have to proclaim the true. Let us have done with the blatant cry, "Down with everything that is up!" Ours be the stimulating word, "Up with everything that is down!"

CHARLES F. AKED

NURSING IN MISSION STATIONS



[This department has a two-fold purpose,—to keep nurses in this country in touch with the work of missionary nurses, and to put missionary nurses in touch with each other, for an interchange of ideas, questions, and suggestions. All nurses engaged in mission work, of every creed and country, are invited to contribute to its columns.]

THE HANYANG HOSPITAL OF THE AMERICAN BAPTIST FOREIGN MISSION SOCIETY

By GERTRUDE PUGH YATES

Graduate of the Children's Homœopathic Hospital, Philadelphia, and of the
New York Polyclinic

BEING very much interested in the hospital here, I have felt that I would like other nurses to know about it also. Before I came to China I imagined that the home nurses were the only capable ones, and it was a great surprise to me to find how capable the Chinese and Japanese nurses are.

I spent six weeks in our hospital here and so came in close contact with them, and will never forget the little girl who cared for me. She was gentle and kind and very efficient. She passed her examinations this fall with high marks and is first on the list of all the nurses who took the examination. There are five female nurses and ten male nurses connected with the hospital. Miss L. J. Crawford, a graduate of Lynn, Massachusetts, Hospital, is now studying the language and will take charge of the nurses in the fall.

Just now the women have a ward and two private rooms in the men's hospital building and so there are a great many difficulties to surmount, but they are hoping to have a separate building within the next few years. This ward accommodates fourteen patients, but now they have twenty-three in it. The cases come and Doctor Bretthauer feels that she cannot refuse them, so she does her best to help them all. The Chinese are continually gaining confidence in the foreign doctors. Last year 237 operations were performed, and 5958 patients were treated in the out-patient department. There were only nine deaths. Let me tell you of a patient or two.

There was a little girl who grew totally blind by the time she was six years old. So long as her father lived she was cared for, but after he died and the mother married again, the little girl's stepfather would

not tolerate so useless a child in the house. The mother then took her little blind girl and put her on the door-step of one of the Chinese foundling homes in Hankow. When the manager found her there the next morning he gave her over to the care of a woman, paying her for the child's food. This woman, however, had more love for money than for the little girl, so she put her out into the streets of Hanyang to beg. By and by the winter came, and the child got so cold sitting in the street all day, that her feet were frost-bitten and then began to decay. When she was brought into the hospital there was nothing to do but amputate them. She was a bright cheerful girl and soon learned to memorize hymns and verses that were taught her. She was a lesson in gratitude to all who knew her, a thirteen-year-old forsaken girl, no eyes, no feet, yet lying contented on her bed, singing all day. She is now in a Christian school for the blind, where she is perfectly happy.

There was another patient, a boy, who had a number of ill, one being a stone in the bladder. His family gave him up as dead and placed him in his coffin. The lid was left partially open because the boy's grandmother, who lived at a distance, desired a last look at her grandson. After he lay in the coffin a whole day, the woman who was watching by his side was startled to hear a sigh. The relatives thought that the boy's spirit had come back to earth and was hovering over his body and that the spirit did the sighing, consequently they were exceedingly frightened. After a while, however, they got up courage enough to take the child out of the coffin and place him on the bed. Now the question was, what should they do with the unconscious boy? They had already called every Chinese doctor they knew to see him, but without avail. At this stage the mother took the responsibility of bringing the boy to our hospital. With careful nursing and two operations he got well, so they had to sell the coffin to some one else. Not long ago this patient called at the hospital looking the picture of health and wearing the very same coat which he had on while in the coffin.

ITEMS

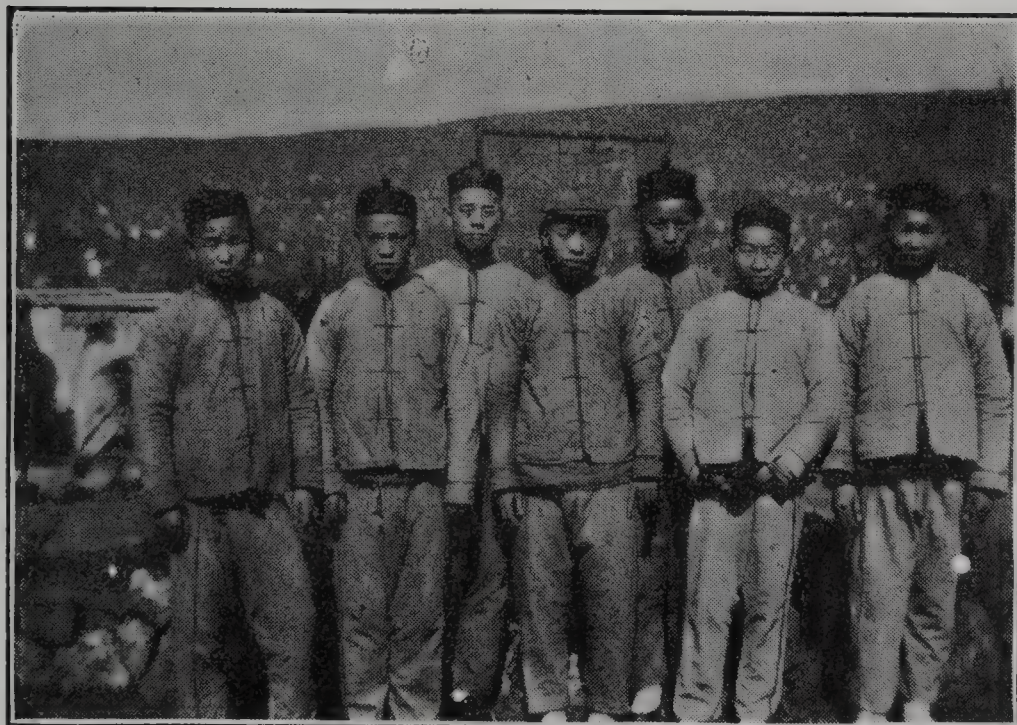
A THICK volume, with leaves of soft Chinese paper, reached our desk recently, and proved to be the long-promised Chinese edition of Mrs. Robb's text-book on nursing. It has title pages, table of contents, and page headings in both English and Chinese, but the text is wholly Chinese. As a frontispiece appears a speaking likeness of Dr. Eleanor Chesnut, its first translator, and the volume has an added touch of pathos in that when the book appeared both she and Mrs. Robb had ended their work here. Dr. Ruth Bliss Boggs, of Canton, who completed the translation, tells the story of the book in her preface:



HOSPITAL BUILDING.



DR. BRETTHAUER AND NURSES.



MALE NURSES.

"This translation was commenced by Dr. Eleanor Chesnut, herself a graduate nurse of the Illinois Training School, Chicago. Her work was cut short by her sad death at Lien Chow, Kwang Tung Province, where her hospital for women and children was located and where she had worked for eleven years.

"The twelve chapters she had translated have been revised to correspond to the third English edition, and the translation completed. Through the generosity of a friend of Dr. Chesnut and of the work of missions at large, the book is now published as a memorial to Dr. Chesnut. It is hoped that it may prove helpful in the training of nurses from among the Chinese who may well emulate her beautiful life of self-denying labor for others.

"The terminology follows the English-Chinese Lexicon of medical terms, published by the Medical Missionary Association."

Dr. Boggs's work in completing and revising the book has been carried on in addition to all the manifold occupations of the medical missionary, and has been a labor of love, as she was a warm personal friend of Dr. Chesnut.

A BOOKLET entitled "Treasures of Darkness" contains the ninth annual report of the Door of Hope at Shanghai, China. The rescue work it describes has its headquarters in a humble native house over whose door is a sign inviting any girl who wishes to escape from a life of shame to enter. The girls of the vicinity are warned by those who are making money from their misery that the foreigners will torture them and that they will never escape alive, yet many do come in one way or another and many are transformed to respectable, useful women. Two hundred and thirteen have been received during the past year. This first house seems to answer as a receiving home, and the girls and women are later transferred to the other homes maintained by the society, of which there are several. That for the children is on the cottage plan, five houses of twenty children each. Finally, there is an industrial home where various kinds of occupation are taught, which render the girls self-supporting. Very little children are sold into a life of shame in China and are most cruelly treated, so one can see how humane and necessary such an institution is for them, quite apart from its helpfulness to those older. It is not clear how this work is maintained, partly, it seems, by the Christian Herald.

Woman's Work for July, and a Baptist magazine for June (with the title cut off), both give the same excellent picture of the first class of native nurses to graduate (in August, 1909) in the Philippine Islands from the Union Mission Hospital, which is under Baptist and Presby-

terian auspices. The account of the work of the nurses is most encouraging, and their faces are bright and promising.

Spirit of Missions for July tells of the appointment of Lillian M. Owen, of New York, to work as a missionary nurse in the University Hospital, Manila, in the room of Miss Freese, resigned.

The Missionary Link for July tells of the first graduating class of nurses, at Jhansi, India, in January, four in number. "Radha, one of these, was married a few weeks later; Rosie is our head compounder at the Dispensary, a position she has filled very acceptably for some time; Jane is the head nurse in the Mary S. Ackerman Hoyt Hospital, which is now used entirely for medical cases, and also has oversight of the children's ward, and any patients we may have in outside buildings, as is sometimes found necessary. Wahidan is head nurse in the Maria Ackerman Hoyt Hospital, and also has charge of the operating room.

"We have made a change in the uniforms of the head nurses. While the others have black and white striped jackets and black bordered *saris*, they have plain white jackets and red borders to their *saris*. We are finding the arrangement a good one. Besides the two head nurses, we have ten other girls—four seniors, four juniors, and two probationers. We have them serve a probation period of three months, and the training course is three years from the time they are accepted. We find it very hard to get girls with the educational qualifications we would like. Six of our newer girls are from the Marathi country, and when they come to us cannot speak Urdu and not much English, so we have daily classes for them in both languages, in addition to their lectures. They are quite promising girls, and we hope will make good nurses, as they seem quiet, obedient and teachable, which is always encouraging."

AN urgent appeal for two nurses comes from India. Dr. Mary R. Noble writes, "I am eager to find two nurses of experience in managing and superintending, who know they can work together, and who can be unqualifiedly recommended for work in a mission hospital. The missionary motive must, of course, be paramount, in any candidate, and excellent health,—with energy, capability, and sufficient education, culture, and refinement so that they may take their place in the missionary community with ease and pleasure to themselves and others." We will gladly furnish the exact address to any two nurses who would like to enter into correspondence with Dr. Noble in regard to the position and work.

The following statistics of medical missions were given at the Edinburgh Conference: 111 medical colleges, 92 nurses' training schools, 1574 hospitals and dispensaries, 88 leper asylums, 21 homes for untainted children of lepers, 25 institutions for the blind and deaf mutes.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK, R.N.

THE DEATH OF MISS NIGHTINGALE

AT the great age of ninety years and three months the great woman to whom we owe our profession—one of the great salvation-bringing figures of history, has been called away. Her long life of usefulness has enclosed a variety and richness of service such as is given to few, and is now peacefully ended. The deeply stirring event is more adequately dealt with in our editorial pages.

All nurses will come in spirit to lay their offerings of thought on her last bed.

THE CRISIS AT ST. BARTHOLOMEW'S

WE wish to explain a little more fully the incident which has created and still causes intense indignation in the English nursing world. We are accustomed, in this country, to hold so tenaciously the tradition of choosing a superintendent of nurses from a school's own graduates; on the contrary, perhaps, quite the opposite custom is more usual with us. We have forgotten the hereditary principles, but in England, where tradition is strong, and where hospitals, as a result, develop more of a personal character, if we may use this term, and the feeling of pride in the traditions of the schools is a precious and cherished feeling, the mere fact that the Governors of St. Bartholomew's Hospital have appointed a matron from another school is, of itself, at once recognized by every English citizen as a bitter affront to the women who trained there and an insult to the dead matron. However, even this might have been less stinging were it not for the fact that all the incidents of the selection were offensive. The Governors published an advertisement of a kind which to us seems strikingly undignified; they set an age limit which is unreasonable, and obviously excluded the women of Bart's who are most distinguished at this moment for notable records as matrons; the interviews were conducted in a superficial way, and before the selection was publicly announced the young doctors knew who had been chosen.

There is evidently a reactionary party among the physicians in support of the subjugation of women;—one man remarked that it was not necessary for the matron to be a trained nurse;—all that was needed was to have someone in the office. It seems to us clear that the real issues at stake are, the principle of liberality of opinion, and the economic freedom of women who are self-supporting. We could freely accept the shorter training period of the London hospital if it did not exploit its nurses and sacrifice their education by sending them to private duty, thus underbidding self-supporting women;—if it did not prevent association on a free self-governing basis among its graduates; discourage their taking part in the organization movements of the country; maintain caste lines; decry solidarity and universal sisterhood, and cultivate every influence that tends to develop disunion.

This is the last desperate attack of the Hospitals Committee, inspired by Sydney Holland and Mr. Burdett, to keep nurses down in the grip of the employer's fist, for fear they may uprise into equality of citizenship and demand the rights of self-protection against commercialism and snobbery. This is the real secret of the succession to the matronship of St. Bartholomew's.

ITEMS

THE nurses of India have suffered a great loss in the death of Miss Thorpe, who was the secretary of the newly-formed Association of Nursing Superintendents of India, and also a member of the Matron's Council of Great Britain and Ireland. Miss Thorpe died by a most distressing accident, and her colleagues are therefore doubly grieved. She was one of the most active and devoted workers in the pioneering of Indian nursing and the upbuilding of education, and her place will not easily be filled. We offer our most sympathetic fellow-feeling to our Indian associates.

It makes us realize the cosmopolitanism of our work to see the questions for a nurse's examination printed in the Hindoo (?) language in the *Nursing Journal of India*.

THE PROGRESS OF WOMEN IN RUSSIA

MME. MIROVITCH, the brilliant correspondent of *Jus Suffragii*, sends the following interesting details of the recent congress on the white-slave traffic:

“Among the various congresses, which are breaking the monotony of our social life, the *1st Russian Convention of Prevention of White-*

Slave Traffic, 21–26 April (4–9 May) has been one of the most prominent. Social workers, men and women; doctors, lawyers, etc., joined this convention which was divided into three sections. The first examined the causes, which develop prostitution (economic slavery, alcoholism, absence of women's rights, etc.). The second section dwelt on measures taken by social workers against prostitution. The third section had to solve the great question: is state regulation of vice desirable or not? Great interest was excited by the 1st section where the most important question of the economic slavery of women was exposed in several reports, by General Leskevitch, by two factory girls, and others. A terrible picture of the economic conditions of girls, employed by planters in Crimea, was drawn by General Leskevitch. These white slaves are often made to work 18–20 hours a day for 5–6 shil. per month! In order to prevent them from sleeping, they are sometimes ordered to sing songs during night-hours. . . . The working women, by personal experience, described their life and the factory-surroundings, created as on purpose to encourage prostitution. . . . The interest, excited among the members of the Convention for the 1st section, was unfortunately shared by the police, whose mission here was to control all free discussion on political and economic topics. These authorities succeeded so well, that the work of the 1st section was twice stopped—for daring to point out the close connection between the political and economic subjection of the people and prostitution. More lucky was the third section which attracted the majority of the convention. Here also the speakers were several times interfered with by the police; but, at least, the work of the section was not stopped. The burning question of state regulation of vice was the chief object of the discussion of the 3rd section. Two different views were expressed on that question. Very few attempted openly to defend state regulation of vice, but some (several men-doctors and only one woman) declared that this institution should not be abolished at once; that a committee should first be organized for the purpose of investigating the whole question.

“But the great majority of the 3rd section, women especially, declared themselves against any compromise and referred to the following practical arguments: 1. The examination of women-prostitutes takes place very seldom, about once a week. 2. The symptoms of the disease are often discovered with great difficulty. 3. Syphilis can be cured, as a rule, after a long treatment only (during months and even years); while, in fact, the treatment is generally applied only during a few days. Still more impressive were the ethical arguments of the abolitionists: 1. The state regulation of prostitution, being an indirect sanction

of vice, has the worst possible effect on morals. 2. It degrades the human dignity of women. 3. State regulation is unjust because it affects the poor classes only, while the rich prostitutes are not subjected to examination.

"Finally, a resolution was moved by nine women's organizations, affirming the necessity of sending to the Government a petition on the immediate abolition of State regulation of vice. This resolution was enthusiastically adopted by the convention.

"In all questions, where women are the victims of law and custom, there is but one reform, which can stop the evil; and that is the political enfranchisement of women. This most important reform was energetically advocated in the Convention by Mmes. Tirkoff, Kalmanovitch and Mirovitch. Several men supported us, while a few others expressed the fear that the political emancipation of women would lower their morals to the level of those of men!

"On the whole, the Convention had a good, stirring effect on all who took part in it, or followed its work."

THE Australasian nurses' estimate of nurses and doctors that follows is too amusing to overlook.

"The question has often been asked why American nurses take a more prominent part, both in speaking and writing, on questions relating to nursing and nurses than their Australian sisters. In the first place. American women are very versatile, both as speakers and writers; in the second, they are never afraid to express themselves freely, even when they might be criticized by members of the medical profession.

This is due chiefly to the totally different point of view from which the nurses in the large hospitals of different countries are taught to regard the honorable medical staff.

In American hospitals they are men, great men perhaps, but nevertheless only men; while in England, Germany, and Australia they are regarded as gods, and more often angry than just ones. This feeling is more or less fostered by matrons and sisters of hospitals, chiefly with the idea that it helps to maintain discipline and a high standard of work.

A probationer usually hears of something new every day that is likely to call forth the wrath of one of the great unknown beings, and dreads the day when she may have to go round the ward with one of them. If this happens when she is still a junior, she is so nervous that the ordeal is a nightmare; and the unfortunate honorary wonders why such an exceedingly stupid woman is allowed to go round with him, for of all stupid women a highly nervous one is perhaps the worst. In the early

days of the A.T.N.A., at a general meeting, nurses were asked if they had any objections or suggestions to make regarding certain matters under discussion. A nurse nervously stood up and made a few remarks. A very great man politely said, "Will you kindly repeat that statement. I don't quite follow you." The nurse collapsed, and was unable to say another word, in spite of his politeness. To her he was always the angry god.

I don't wish to criticize the point of view from which honorable medical officers are regarded in large hospitals by nurses, but merely to point out that the American one is less conducive to nervousness, and therefore the chief reason of the freedom of speech of the American nurse.—*The Australasian Nurses' Journal*.

THE graduates of the School for Nurses at the Salpêtrière have formed an *alumnæ* association, and have begun issuing an *alumnæ* journal called *La Soignante*. The journal, exclusively devoted to technical and professional topics, is edited by the members of the society. The first number is very attractive. The constitution and by-laws, printed on the back, are very like those of our *alumnæ* associations. We congratulate the young sisterhood and wish it well. The school has recently had the pleasure of a visit from the Queen of Bulgaria, who inspected everything from garret to cellar, and was greatly pleased by the many beautiful and modern features of the building and its adaptation to the work of teaching.

MISS VAN LANSCHOT HUBRECHT, secretary of the International Education Committee of which Mrs. Robb was chairman, has sent out the first questionnaire, relating to preliminary training. The answers received will be presented to the next congress at Cologne.

MISS WATERS' book, "Visiting Nursing in the United States," has been reviewed in *Kai Tiaki* for April, as well as in all the European journals.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE



IN CHARGE OF
EDNA L. FOLEY, R.N.

THE Richmond, Va., Tuberculosis Society opened a camp for tuberculous patients early in July. It consists of an administration building and a shack with capacity for twenty patients. The camp is in charge of Laura Black, a graduate of the Memorial Hospital Training School.

THE Hartford, Conn., Visiting Nurse Association is indeed to have a "goodly heritage." We quote from a local paper of June the 29th, as follows:

"Mrs. Gurdon W. Russell, widow of Dr. Russell, has bought the house, No. 32 Charter Oak Avenue, which is to be known as the Gurdon W. Russell Home. The purchase price was about \$10,000, and from another source there is a gift of \$4000 for its furnishings. This home is to be occupied by members of the Visiting Nurses' Association and some are already there ready to answer calls."

The many friends of the superintendent, Martha J. Wilkinson, and her nurses will rejoice with them in this splendid gift.

It is always an inspiration to nurses to hear how other nurses are co-operating with tuberculosis associations. In connection with a tuberculosis exhibition given at Winston-Salem, North Carolina, the following notice was sent out to the business committee by the director of the exhibition:

May 10, 1910.

"Business Committee:—

Nurses' Co-operation.

The Raleigh Graduate Nurses' Association in conference agreed to co-operate in giving a series of brief and practical talks both to children in the schools and at various meetings of adults.

"For the schools it was suggested that there be a series of five or ten-minute talks on concrete topics of a very limited scope which could be helpfully discussed in a few minutes at a time, to children of nearly every age. These talks might cover such topics as school lunches,

cleansing the hands, washing the teeth, various emergencies, how to tell when one is sick, and so on.

“A series of talks and conferences was also proposed for the women’s organizations of the churches, having particular reference to meetings for work of a semi-social character where there is no formal program to take up the time. It was proposed that in such meetings there should be given at probably monthly intervals a series of talks on the care of the sick, the sick room, baths, various child problems, and what the nurse is supposed to do, how the nurse helps the doctor, how the family helps the nurse, and other topics to be easily selected as being practical and adaptable to this plan. The idea is first of all to get to all of the women the very latest thought as to the theory and practice in home both for the sick and the well. It is also desired to give these talks to the women of the churches in order that they may be better equipped to help the poor, the ignorant, and the needy with whom they come in contact, either as individuals or as members of church societies, committees, etc.

“It is suggested that the Tuberculosis Association and the Woman’s Club shall appoint special committees to co-operate in working out a comprehensive plan for carrying on such a series of talks and making use of the services of the nurses, who might be willing to help in this work.”

THE Instructive Visiting Nurse Association of Richmond, Va., has increased its staff to nine nurses, having undertaken the nursing of the Metropolitan Life Insurance policy-holders. Miss Talbot, of the Jewish Hospital, St. Louis, has accepted a position on the staff. Miss Baily, of the Jewish Hospital Training School, St. Louis, has accepted a position with the Richmond Board of Health, in its Infant Welfare Work.

THE Lexington, Ky., Anti-Tuberculosis Society is launching out into broader fields of effort and has engaged its first visiting tuberculosis nurse. Chloe Jackson, Mercy Hospital, Chicago, has resigned from the nursing staff of the Chicago Tuberculosis Institute to accept this new position. Miss Jackson’s work in her district “behind the yards,” in Chicago, leaves no doubt in the minds of her friends but that she is the right person to open up this new field.

THE Cleveland *Visiting Nurse Quarterly* for July is an “Infant Mortality Number,” and full of material of interest to all who are engaged in the Baby Welfare Work. Visiting nurses will be helped by

the many suggestions contained in this little volume, and particularly by Miss Leet's article on "The Problem of Many Tongues." The foreign quarters of some of our large cities would put the Tower of Babel to shame and no one appreciates this situation better, and gets around its difficulties more adroitly, than the visiting nurse.

FROM El Paso, Texas, come reports of the Baby Welfare Work being carried on by H. Grace Franklin and her staff. The work follows closely that of the Delineator's Mother's Conference Work, and in order to reach the Mexican mothers, the folders are written in both Spanish and English. That the work is meeting with the hearty approval of the people in El Paso is evidenced by the fact that the Women's Charity Association is backing it and the business men of the town are helping to finance it.

The following somewhat detailed account of the Baby Welfare Work in Chicago is given because the work is a departure from the beaten track and is so particularly well organized:

"At the meeting of the Illinois State Association of Graduate Nurses, which was held last May in Rockford, the president, upon the suggestion of Dr. Caroline Hedger, director of the Chicago Baby Welfare Work, for the summer of 1910, appointed a committee to confer with the Chicago School of Civics and Philanthropy, upon the advisability of organizing a class for those nurses desiring to enter the Baby Welfare Work this summer. The committee met with Dr. Graham Taylor, Miss Breckenridge, and Miss Abbot, and after careful consideration the following course was adopted, and given during the last week of June.

June 27, A.M., "Co-operation with the Department of Sanitary Inspection," Mr. Ball, chief sanitary inspector, Board of Health, Chicago; "Breast Feeding of Infants," Dr. Frank S. Churchill; "Hot Weather Hygiene," Dr. May Michael; P.M., Demonstration of the Mary Crane Baby Tent and Day Nursery.

June 28, A.M., "Co-operation with the United Charities," Mrs. Briggs, district superintendent of United Charities; "Artificial Feeding, Percentage Method," Dr. Frank S. Churchill; Quiz on Previous Work, Dr. Caroline Hedger; P.M., Children's Memorial Hospital Milk Demonstration.

June 29, A.M., "Co-operation with Institutional Agencies," Amelia Sears, United Charities of Chicago; "Artificial Feeding, Caloric," Dr. C. Grulee; Quiz, Dr. Caroline Hedger; P.M., Northwestern Milk Laboratory Demonstration, Miss Florence Almsted.

June 30, A.M., Co-operation with Children's Caring Agencies," Mr. Thurston, Chicago Relief and Aid Society; "Summer Diarrhoea—Cause and Cure," Dr. J. A. Britton; Quiz, Dr. Caroline Hedger; P.M., Milk Commission Demonstration, Chicago Milk Commission.

July 1, A.M., "Co-operation with Existing Nurses' Forces," Harriet Fulmer, R.N., Visiting Nurse Association; "Methods of Approach," Edna Foley, R.N., Chicago Tuberculosis Institute; Conference on the Card, Dr. Hedger; P.M., Lincoln Park Sanitarium Demonstration.

July 2, A.M., "Co-operation of the League for the Protection of Emigrants," Grace Abbot, Director; "Psychology of Approaching People," Mr. In Hout, Mahin Advertising Co.; Quiz, Dr. Caroline Hedger; P.M., Written Report.

The course was greatly appreciated by all the nurses in attendance. The speakers gave their services; the School of Civics and Philanthropy not only gave the use of its class and lecture rooms, but helped in every way to make the week's course a pleasant and profitable one, and the public library and friends of the movement loaned eighteen reference books, which were on file for use during the week. One morning when the speaker was delayed, Dr. Taylor extended an invitation to the nurses to attend a lecture given his summer students by Miss Jane Addams, of Hull House, and the knowledge that Miss Addams was watching the course with interest was an additional inspiration to the many private duty nurses who were just a little timorous about entering the unknown field of Baby Welfare Work. The nurses who seemed to need this course for immediate use were those who were to do the Baby Welfare Work, and it was only possible to extend the invitation to a limited number of pupil nurses, owing to the lack of seating capacity. Six training schools sent one senior nurse each, and a number of training schools superintendents, and private duty nurses attended the lectures as often as possible. Dr. Hedger reports that the course has been an invaluable one, and of great assistance.

The Chicago Baby Welfare Work has now twenty-two nurses in the field, and thirteen in the six baby tents placed in the city wards where the infant death-rate was highest last year. The Health Department of Chicago pays the salary of nineteen of the field nurses; three are paid from a fund given for the purpose, and the United Charities of Chicago is paying the salary of the thirteen tent nurses as well as bearing all expenses incurred in the erection and management of the tents. Of the thirty-five nurses now in the field ten speak foreign languages, and as Chicago is probably the most cosmopolitan city in America their work cannot be over-estimated.

Last year the diarrhoeal diseases seemed to attack the babies about the 25th of July. This year the unprecedented hot weather caused the work to begin promptly on the 1st of July and upon the 23rd, 1290 cases of diarrhoea had been reported, and were being cared for by the Baby Welfare Nurses. The tent nurses care for the very sick babies that are brought to the tents by their parents. A clinic is held at each tent every morning, and the sickest babies are kept throughout the day; when necessary the tents are kept open at night, if the baby's life seems to be hanging in the balance.

The twenty-two field nurses do instructive work, largely, but they carry well-equipped bags, and are ready to give nursing care whenever this is necessary.

"IN Australia, where I come from," says Annette Kellerman in an interview in *Good Housekeeping Magazine*, "you've got to be a very good swimmer to attract notice, because nine out of ten children swim there, and I've never heard of one of our women who didn't swim. Swimming is taught in the public schools, and no town is too small to have its public bath.

"I was only nine years old when I learned the breast stroke, and I had an excellent teacher. It is so important that a child should be taught correctly from the first, because its little legs and muscles are so tender. All children should be taught by nine or ten, and if they are correctly taught they will never be afraid of the water."

ANIMAL experimentation was then (1628) a much less dangerous occupation for the investigator than the study of anatomy on a human cadaver. The leaders of human destiny at that age had no hesitation in killing men and even mutilating their dead bodies for any trivial reason, but objected to the use of the dead bodies of men when medicine and science could profit by it—just as the misguided of both sexes of our own day are ready to kill and maltreat all sorts of animals for personal profit, sport or vanity, but manifest a perverse moral indignation when such animals are used for the benefit of medicine and mankind.—*Journal of the American Medical Association.*

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

SCIATICA AND FLAT-FOOT.—*The Inter-state Medical Journal*, quoting from a German contemporary says: In connection with an interesting account of the treatment of sciatica by means of a steam douche, Klug calls attention to a common diagnostic error that is by no means generally appreciated. A symptom complex that cannot clinically be distinguished from true sciatica may be brought about by a sinking of the arch of the foot. In every case of sciatica the foot on the affected side should, therefore, be carefully inspected, both in the sitting and lying posture. If there is any abnormality of the arch, proper treatment, by means of supports within the shoe, should at once be inaugurated. Often sciaticas that have resisted all treatment will then promptly be ameliorated or entirely disappear. Of his last 40 cases of sciatica, 15 per cent. were successfully treated by means of such supports to the arch.

CARE OF THE BREASTS.—Dr. J. H. Tibbitts, in an article in the *Medical Record*, recommends compression and moderately tight bandaging of the breasts as of great value in maintaining a normal condition of the breasts after labor. On the second day he applies a rather thick layer of clean choice cotton batting, which he prefers to absorbent cotton as more elastic and compressible. The night-dress is then smoothed and arranged neatly, a broad bandage is passed around the chest outside of everything and pinned moderately tight; being outside it can be kept free from wrinkles and in proper position. When the child is nursed one side is uncovered, the nipple bathed in boric acid solution after nursing, and the cotton and bandage rearranged. In his practice this has prevented caked breast, fissured nipples, and mastitis in its various forms. No breast under compression and bandage becomes overdistended, but drains itself of all overplus. The article is well worth reading.

HEMORRHAGE OF THE NEW-BORN.—This subject was brought forward by "A Reader" in the letter department of the July JOURNAL, pages 756-7. An Indiana nurse sends a copy of the annual report of Hope

Hospital, Fort Wayne, in which is an article by Dr. Ben Perley Weaver on the same theme. Discussing the probable causes of the hemorrhages, he says: "At the present time it seems most probable that one of two factors is responsible, viz., that there is a lessened resistance in the thin walls of the small vessels, or that an alteration in the chemical composition of the blood is present to an extent sufficient to inhibit the coagulating power of the blood. Again, just what this chemic alteration is has not yet been determined, nor do we know that the same blood elements are lacking in every case of new-born hemorrhage." The seat of hemorrhage may be in any portion of the body. It has taken place at the umbilicus, from the intestines, mouth, stomach, conjunctivæ, ears, lungs, and vagina. He quotes Holt as to symptoms: "In many cases nothing is noticed until the hemorrhage begins. The child may be previously healthy or feeble." . . . "The amount of blood lost in most cases is not great, but there is a continuous oozing. The total hemorrhage may be only one or two drachms or it may reach several ounces. The skin is usually pale, the pulse feeble, and the general condition one of considerable prostration, often from the outset. In all cases there is rapid loss of weight. The temperature may be high, low, or subnormal. A marked elevation of temperature may depend not upon the hemorrhage but upon associated conditions. Fluctuations in temperature during the first three days are so common from disturbances of nutrition that I attach much less importance than have some writers to this symptom. Icterus is not more frequent than among other infants. In a large number of the cases there is diarrhœa. Convulsions often occur at the close of the disease. The duration of the disease in cases which recover is usually but one or two days. In fatal cases it is rarely more than three days, and often less than one. Death more frequently results from the gradual failure of all the vital forces than from a rapid loss of blood." The prognosis varies according to the underlying condition, the resistance of the patient, and the time of the onset of the hemorrhage; ordinarily, the earlier the bleeding begins, the graver the prognosis.

Dr. Weaver discusses three remedies, the calcium salts, gelatin, and fresh blood or blood-serum, either animal or human. In his experience the most logical and successful is direct transfusion of human blood.

The Journal of the American Medical Association for July 30 has an article on "Serum Treatment of Hemorrhagic Disease of the New-Born, with Report of Three Cases," by Dr. Edward B. Bigelow, of Worcester, Mass. He reviews the literature on the subject, the disappointing results from other measures for relief, and says: "Far more

success has been attained with the subcutaneous and intravenous injection of fresh serum. The indications for this form of treatment are especially marked in all cases of hemorrhage due to a lowered coagulating power of the blood, though useful and well worthy of trial in all other forms of hemorrhage. The hemorrhagic disease of the new-born is a condition in which this method of hæmostasis is especially applicable. This condition is practically confined to the first ten days of life and is self-limited." . . . "Hemorrhagic disease of the new-born can be differentiated from true hereditary hæmophilia, in that the infants affected are nearly as often females as males; but those that bleed in the first few days of life, if they recover, rarely manifest any such tendency later, and, in addition, true hæmophilia usually does not manifest itself before the end of the first year."

In the three cases described, two of the children were apparently moribund when the serum was administered, yet the control of the hemorrhage was immediate and recovery was complete, the infants showing no bad after-effects. He alludes to three cases of direct transfusion where the results were equally wonderful.

CURRENT LITERATURE OF INTEREST TO NURSES

American Journal of Surgery, June, "Perforation in Typhoid Fever," Francis E. DuBois; *Inter-State Medical Journal*, July, "Hay Fever," Otto J. Stein; *Maryland Medical Journal*, July, "Sir James Young Simpson" (the discoverer of chloroform), H. M. Cohen; *Journal of the American Medical Association*, July 9, "The Nervous Unfit," S. S. Crockett, M.D.; "Educational Work in Reducing Infant Mortality," Wilbur C. Phillips, M.D., "A Simple and Inexpensive Device to Prevent the Contamination of Sterile Solutions," A. G. Bettman, M.D.; July 23, "Manual Work in the Treatment of the Functional Nervous Diseases," Herbert J. Hall, M.D., "Gymnastics and Massage in the Treatment of Nervous Diseases," Haldor Sneve, M.D., "The Prevention of Blindness," F. Park Lewis, M.D. *The Woman's Medical Journal*, June, "The Nursing Society of the Township of York." *The Survey*, Aug. 6, "How to Save Girls who have Fallen," Annie W. Allen. *The British Journal of Nursing*, July 30, "The Aspects of Disease," Warrington Haward. *The Visiting Nurse Quarterly*, July, Infant Mortality Number. *McClure's Magazine*, August, "Oxygenizing a City," Burton J. Hendrick.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

CARE OF MALE PATIENTS

I.

DEAR EDITOR:

In the April JOURNAL "M. J. W." asks why I take the position I do regarding assisting in operations upon male patients. Before replying, allow me to ask a few questions.

Does the fact that the patient is in the operating room change the situation? She says, "From the professional point of view, is a man any different from a baby, a boy?" Viewing the nursing profession from the stand-point of "M. J. W.," allow me to ask whether she would be willing to be the patient while she had for her nurse one of our able male nurses? Would she submit to being prepared for a curettage by a male nurse and allow him to assist in the details of the operation and in the care after the operation? Do I still hear, "Why, yes, I can see no difference from a professional point of view we are all as innocent babes." If she voices that kind of sentiment, I am sure she would find it very difficult to teach the laity that she is right in her convictions, or get many pure-minded women to follow her example.

My reasons for taking the stand I do are legion, but I will endeavor to give a few of them. First, I am a Christian, and believe that God in no way approves of such boldness on the part of his people. I believe, as one writer suggests, that women should be thoroughly educated to work for women and men for men. In the days of Noah, God cursed one of Noah's sons because he boldly looked upon the nakedness of his father. We cannot hide behind our profession and think that we are licensed to do as we please. I believe exposure is uncalled for and unnecessary.

In this day, when we have such fine male nurses, each institution may have one or two connected with it. If every nurse would boldly take her stand against this growing evil and demand that male nurses should be in charge of such work, there would be a growing demand for them and women would not be asked to do such work in any place.

At this time, when there is a growing demand for purity, when immorality is on the increase to such an extent that our old world is steeped in as much sin and wickedness as were the cities of Sodom and Gomorrah, it is time for nurses to stand firm on points of purity, both mentally and morally.

It is true that there are nurses who, as "M. J. W." says, lightly regard the exposure of their sex, or either sex; they also take liberties until it becomes a common thing for them to transgress the laws of chastity, but this class of nurses is not approved of by either the nursing or medical professions.

As a professional nurse I believe I have the right to and do nurse men, taking the utmost care to not unnecessarily expose them. I do not approve of exposing either sex, not only because of the embarrassment to my patients, but because it is dangerous to their physical and moral health. I believe we should respect the feelings of modesty in all classes, especially the very young. Too

often their little feelings are so disregarded that it is hard for them to distinguish between morality and immorality.

I, while not a mother, have not departed so far from my womanly instincts not to feel for every mother who intrusts her daughter to my tutoring. I know my mother would have felt outraged at having her daughter perform for men what her motherly wisdom knew would lower the moral standard of women as well as blunt all their delicate senses of womanly dignity and reserve which she had taken years to cultivate. I could not conscientiously ask any of my women nurses to perform for our male patients what I would not do myself.

Do not think I fail to instruct my nurses to care for men. I do, but I also teach them just what is their duty to do, and what they must leave to the physician in charge. I believe the catheterizing of male patients should, nay, must, be done by male nurses or by the patient's physician.

"M. J.W." suggests it is all in the mind, but as we have no control over the minds of others, and some only partly control their own minds, I feel we should do nothing that will call forth any but the purest of thoughts. Let us be careful how we treat our rights as professional women, for fear we may bring contempt upon ourselves in place of the high esteem we now hold. T. M. M.

II.

DEAR EDITOR: In regard to letter by "M. B. N." in June issue of our worthy magazine, I agree that in training, each nurse should be taught, in theory, catheterization of males, just as we were in my school. May the day never come, however, when we, as a profession, will feel that to care for our male patients "in all respects as for our female," will not hurt our profession, if not each nurse personally.

We all know how the profession in general is criticised by many people, as being one in which women have little feeling in regard to modesty, and do we not owe it to our profession, if not to ourselves, individually, to change such opinion?

As all up-to-date hospitals are supplied with internes, or at least a visiting staff, one of whom is or should be within reach, it is certainly unnecessary for pupils to be called upon to catheterize male patients. If an occasion arises like the one "M. B. N." speaks of, then let the nurse fulfil her duty, for of course her duty it would be.

In three years of private duty, I have nursed an equal number of men and women. On three occasions it was necessary for the male patients to be catheterized (two cases in the city). The doctors made their calls suit the hour, or near it, for catheterizing, or sent an assistant, and I was given to understand plainly that I was not expected to do it.

From my discussion of this subject with several well-known physicians, I find that a majority of their profession is of the same opinion as I am.

It is hardly fair to compare our position with that of a male physician attending a female patient, for we all know that since the day of trained nurses began, our duties are to, on every occasion, save embarrassment between patient and physician as far as possible, and only where a nurse is not employed does a doctor attend to the duties that the nurse should and would do.

There is always a tactful way that we may fulfil our duties toward our male patient without neglecting him, and without being called "sticklers" (as "M. J.W." has termed us in April issue) by the attending physician, and

yet maintaining the dignity of the profession and the modesty becoming a woman.

I have heard recently that in a discussion of the character of trained nurses, one gave his opinion of a nurse as a woman who was not immoral but *unmoral*, because her profession called upon her to sacrifice her modesty in fulfilling her duties. This is harsh, but the speaker had had good cause for such opinion as I soon found out, and had more tact been displayed by that nurse, instead of an over-anxious desire to fulfil her duty, declaring she "did not mind," a very different impression would have been given.

MRS. L. K. R., R.N.

FRUIT DIET FOR NURSING MOTHERS

DEAR EDITOR: In looking over my "Dock's Materia Medica for Nurses" I found upon page 70 this: "It may not be out of place here to refer to a popular error regarding a point of diet; that is, that a nursing woman may not drink lemonade because it will 'sour the milk' and 'give the baby colic.' A nurse will probably often be appealed to on this subject. Her knowledge of the chemical facts—that citric acid is decomposed in the blood, forming a neutral salt; that it does not reach the tissues as an acid, but passes out of the body as a carbonate—will at once decide the question."

Where I had learned this I had forgotten, but I gave acids to some of my patients who were nursing their babies and couldn't see that it made any difference in the quantity of milk nor with the baby. Some mothers would not take acids, and if anything their babies were more "colicky" than the others. Wishing the JOURNAL and nurses every success,

JEANNETTE M. HEATH.

NURSES ON DUTY IN A HOTEL

DEAR EDITOR: I have read with a great deal of interest the articles published in the May JOURNAL about hotel life of nurses. As I am very much interested in the highest standard of nurses being always kept before the public, I should like to add a word on the aforesaid subject. I can't imagine a well-bred as well as a properly trained nurse, whether pupil or graduate nurse, being willing to "exhibit" herself in uniform either in a hotel dining-room or in any other public place. I consider the uniform sacred to the sick room and hospital. If nurses east, west, north, and south will demand the respect that should be shown a woman of culture and good training, we shall not be asked to eat with the employes or maids.

No nurse should expect to go to a dining-room in her uniform. One can always take at least five minutes to slip into some simple gown for the occasion.

A few years ago I was at Atlantic City with a patient, at one of the largest hotels. I did not wear my uniform, as my patient was able to walk about. One evening I noticed how every one seemed to gaze in a certain direction in one of the long sun parlors, and made it my business to see what was causing so much attention. Imagine my disgust to find a fine large specimen of a woman, I can't say a nurse, arrayed in a graduate nurse's uniform, cap and apron! I introduced myself as a sister nurse, as I felt sorry for her, for she seemed to be alone. I learned that her patient was a perfectly well child, romping about with other children. As tactfully as I could, I referred to her wearing her uniform in a hotel. Her answer was that her people were rich, didn't mind paying for the washing of her white clothes, and wouldn't be satisfied if she didn't

wear her uniform. She added that in England it was always worn. "But," I said, "you are not in England, and in America it is not done."

The trouble in most every instance comes by the nurse not standing up for the profession and forcing the public to respect us for what we are and should be, and not for the glitter of the white uniform to attract the attention. Let us be known by our deeds and not by our uniforms. N. W., R.N.

THE OLD GRADUATE

DEAR EDITOR: I was glad to see the query of "E. P." about work for older graduates. I hope the JOURNAL will discuss the subject, for up to the present time I don't think private duty nurses have given a thought to age limit, and I am sure every registry could supply data of nurses whom they are at their wits' end to place, and who wouldn't think of trying any side line of work. It is very nice to think of working till we are eighty, but I sadly fear that even at sixty we will find we are not wanted, and I trust we will realize the fact early enough to make some provision for the day we are passed by.

M. G. (a graduate of twenty years).

JOURNALS TO SPARE

DEAR EDITOR: We have been collecting a file of JOURNALS for the Club and, in so doing, have acquired a good many duplicates, which we would be glad to dispose of. We have complete years of 1903, 1904, 1908, and some of each year from 1902 to 1907. Perhaps some of your readers are also collecting, and would like to draw on our surplus store.

Very truly,

THE BOSTON NURSES' CLUB,
755 Boylston Street.

S. B. JOHNSON, Secretary.

A SERIOUS QUESTION

DEAR EDITOR: How may nurses who have graduated from hospitals which they found, too late, were not up to the standard, prepare themselves so that they may be eligible for state registration? I hope I am not asking too much and that some of your collaborators may be of some help to this class of nurses.

B. W.

[If secretaries of state associations or of examining boards would reply to this, giving the suggestions that have come from their experience, it would be of great value.—ED.]

A BAD PRECEDENT

DEAR EDITOR: For some time I have wanted to express my appreciation of the JOURNAL. As a private duty nurse I am interested in the part of the magazine which deals with our problems.

I have recently been forced to face a very disagreeable problem when with a family in comfortable circumstances. The lady inquired my charges, and I told her \$25 a week. It was an easy case, where I could sleep most of the night, but I feel that my time is money, as my expenses go on, working hard or not. My patient told me of a case where a graduate nurse had very light work, and where, though the people were wealthy, she charged only \$15 a week, saying it would not be honest for her to take more, as she slept all night.

I told my patient I thought the nurse did wrong to give charity to a wealthy man. She did not see it in that way and said a nurse should charge

according to the amount of work she does. I informed her that a nurse gives all her time, and her expenses go on just the same. This is the first time in a practice of eight years that I have had to face anything of the kind. I feel that I am right, but would like to know how other nurses feel on the subject.

Sincerely yours,

SUBSCRIBER.

ANSWERS TO EXAMINATION QUESTIONS

DEAR EDITOR: Would it be possible when publishing, for instance, the examination of the State Board of Examiners of Nurses for Georgia, to give the answers with the questions? It would freshen the memory of nurses who are often too busy to spend much time over them. I always look over the questions but seldom have opportunity to look up the answers to those I feel doubtful about. I am a private nurse and cannot carry many books with me.

Sincerely yours,

F. H.

[This request has been often made. The JOURNAL would gladly publish a list of answers with the questions if any board of examiners will be kind enough to supply them. The most interesting and helpful method would be to publish the best answer actually given to each question in the examination. *The Australasian Nurses' Journal* does this.—Ed.]

MENDING OF RUBBER GLOVES

DEAR EDITOR: May I ask through the leaves of the JOURNAL how rubber gloves are mended when pinpricked?

What would you consider the best material to use for covers on operating-room stands? I dislike bleached muslin because it stains readily, and unbleached does not look well. I am now using linen check towelling, but it is quite expensive.

T. M.

[Reply by Jenevieve Van Sickel, head operating-room nurse, St. Luke's Hospital, New York City.

1. For mending rubber gloves, use a good rubber cement, such as "Hartford." Have small round patches of the same kind of rubber. Be sure the surfaces are dry and free from powder, and remove excess of cement with benzine, *at once*. By this method, the gloves stand subsequent boiling well.

2. A satisfactory material for table covers in an operating room is a light weight linen birdseye. The stains wash out well from this and it stands the necessary sterilizing.]

APPRECIATION

DEAR EDITOR: I am glad to say that not only the superintendent but all the nurses seem to enjoy reading the AMERICAN JOURNAL OF NURSING and say they meet many practical and interesting subjects, found not elsewhere.

Sincerely yours in Christ,

ST. MARY'S GENERAL HOSPITAL,
Lewiston, Maine.

SISTER CAMPEAU,
Directress of Nurses.

POST-GRADUATE WORK IN SOUTH

A graduate nurse wants to know if there is a training school in the south or southwest that gives a post-graduate course?

B. M.

[Send responses to editorial office.—Ed.]

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL RED CROSS NOTES

A GENERAL plan for the enrolment of nurses was adopted by the National Committee at a meeting held in New York and a book of information and rules with necessary blank forms was ready for distribution early in April. These rules provide for the establishment of various committees, define their duties, and give the requirements necessary for enrolment as a Red Cross nurse. Copies of the above rules may be procured by writing to the Secretary of the National Committee on Red Cross Nursing Service, State, War, and Navy Building, Washington, D. C.

The National Committee, which is appointed by the War Relief Board, has a general supervision over the formation and work of all other committees—both state and local—and appoints in each state, from names submitted by the state nurses association, a committee composed entirely of graduate nurses who in turn appoint such local committees as they may deem necessary to carry on the work of enrolment throughout the state. Local committees have, in addition, two members appointed by the local Red Cross Committee when such exists.

All applications for enrolment as Red Cross nurses are passed upon by the local committee and no appointments are made without the approval of such committee. This places the investigation of the professional standing of the nurses and the securing of required credentials upon representative women in each locality and should guarantee to the Red Cross an enrolment of well-qualified and carefully selected nurses. It is hoped that by placing this responsibility of selection upon the well-established nursing organizations in the various states the name "American Red Cross Nurse" will carry with it a prestige eagerly sought and carefully guarded. To facilitate a quick response in time of need arrangements are being perfected whereby the names of Red Cross nurses may be kept on file by central registries.

As the army has accepted the Red Cross nurses for its reserve, the requirements for enrolment have been made nearly enough uniform with those governing the army nurse corps so that in the event of war all records would be easily available and of incalculable value to the medical department of the army, for in time of great need it is well-nigh impossible to properly investigate the suitability of those who offer their services.

Realizing that little could be done without the earnest co-operation of the nurses throughout the country, the chairman of the National Committee has taken advantage of every opportunity possible to present the matter to them and has spoken to the following societies: Alumnae Association, Hospital of the University of Pennsylvania, Phila.; Nurses' Club, Philadelphia; Massachusetts State Nurses' Association, Boston; North Eastern Society of Nurses, Albany, New York; Graduate Nurses' Association, Baltimore, Md.; Johns Hopkins Training School, Baltimore, Md.; Graduate Nurses' Association, Chicago, Ill.; Nurses' Alumnae Association, Philadelphia Hospital; Graduate Nurses' Association, Denver, Colorado; County Society, San Francisco; annual meeting Societies of Super-

intendents of Training Schools, New York City; annual meeting Nurses Associated Alumnae of the United States, New York City; Monroe County Nurses' Association, Rochester, New York.

The response from various sections of the country has been most gratifying and already the following state committees have been appointed and are at work organizing local committees: Massachusetts, chairman, Mary M. Riddle, Newton Hospital, Newton Lower Falls; New York, chairman, Elizabeth Dewey, 66 Montague St., Brooklyn, New York; District of Columbia, chairman, Anna J. Greenlees, 1723 G St., Washington, D. C.; Maryland, chairman, Mary C. Packard, Robert Garrett Hospital, Baltimore; West Virginia, chairman, Mrs. H. Camp Lounsbery, 1119 Lee St., Charleston; Georgia, chairman, Mrs. A. C. Hartridge, Pine Hights Sanatorium, North Augusta; Tennessee, chairman, Lena A. Warner, 112 N. Belvidere Building, Memphis; Illinois, chairman, Adda Eldredge, St. Lukes' Hospital, Chicago; Michigan, chairman, Mrs. L. E. Gretter, 924 Brush St., Detroit; Iowa, chairman, Helen Balcom, Finley Hospital, Dubuque; Louisiana, chairman, Emma L. Wall, 3513 Prytania St., New Orleans; California, chairman, Moselle Richie, Box 667, Monrovia; Oregon, chairman, Jennie V. Doyle, 675 Glisan St., Portland; Ohio, chairman, Matilda L. Johnson, 501 St. Clair Avenue, Cleveland; Indiana, chairman, Elizabeth Johnson, 2014 N. Pine St., Indianapolis; Wisconsin, chairman, Stella S. Mathews, 644 Astor St., Milwaukee.

Nurses residing in the above states who are interested in the Red Cross and desire information concerning it are requested to communicate with the chairman of their state committee.

Miss Delano, chairman of the National Committee, sailed from San Francisco on July 5th for the Philippine Islands, where she will spend some time inspecting the nursing service in the Army Hospitals, and expects to spend a month in Japan in the interests of the Red Cross before returning to America.

JANE A. DELANO, R.N.,

Chairman, National Committee on Red Cross Nursing Service.

PROGRESS TOWARDS ALMSHOUSE NURSING

SINCE the year when Mrs. Caroline Bartlett Crane first presented the needs of the almshouses to the Associated Alumnae, the members and groups of the national association have remitted a steady, even though very slow and small, activity along the lines she then indicated. In all our states, with perhaps a very few exceptions, the census blanks have been called for, visits to almshouses made, authorities approached with the plea for the instalment of nurses, and women of the laity appealed to, to become interested. These various steps have not, of course, been uniform throughout,—some states have done more and some less, but each has done what it could.

The chief aim of the committee appointed by the Associated Alumnae has been, throughout, to stimulate action within the states and to build up a lasting body of interest in the matter within the state societies. To this end it has been instrumental in securing the appointment of standing committees on almshouse nursing in a number of the states, and promises for similar standing committees in the others. With the creation of these standing committees, and the links connecting them with Mrs. Crane fastened in place,—for she knows that she can reach the almshouse committee in each state through the state president,—the work of the Associated Alumnae Committee would seem to be finished, as

far as the central body is concerned in the agitation for better almshouse nursing, for all practical achievements in actual nursing reform must, of course, be carried on in the states.

The special undertaking of last winter, as reported at the New York meeting, was the questioning of State Charities Aid Societies or State Boards of Charities, and of Tuberculosis Societies. All replies from such bodies, as well as all reports received from nurses, have been regularly sent to Mrs. Crane, who is thus in possession of all the data we have gathered, which she will use in her propaganda.

Already this movement has begun to show some practical effects in a number of directions. Definite improvement in almshouse nursing is being undertaken or planned for in several places, as was only partly shown at the spring meetings in New York. The committee of the Associated Alumnae does not believe that it has always received full information of the exact stage of such progress made, as it has only learned accidentally, as it were, of something doing in one place or another, and it takes this opportunity to ask nurses in all our states to send brief paragraphs to the JOURNAL, giving information of any reforms or improvements made in the nursing in almshouses in their localities, and to suggest that state presidents make the collection of such data a regular part of their state meeting programmes. These reports could then be turned over to the Associated Alumnae and so on to Mrs. Crane, who should be kept informed of every bit of progress made.

Meantime I would suggest, for the help of nurses who are trying to work at this reform in their localities, three possible ways by which something may be done to improve the almshouses:

1. Endeavor to place resident nurses in charge on fair salary, persuading women's clubs, if necessary, to undertake the salary for a time in order to make the demonstration.

- II. Arrange to have a visiting (district) nurse take in the almshouse patients as part of her day's work; if necessary, have an additional nurse placed on visiting nurse staffs so as to cover the almshouse nursing.

- III. Develop a system of friendly visiting by intelligent laywomen on the lines of the Third Order of St. Francis, to become familiar with all the needs of the patients in almshouses. Such a system of visiting has always preceded hospital reform.

As chairman of the Almshouse Committee, I am now retiring from that position, and my reason is that, becoming daily and hourly more convinced of the underlying and primary need of *the vote* in order to enable women to claim the right to do their own work in their own way, I am daily more unable to feel that it is worth while attempting to push one's way along lines of prevention of misery and illness without having it. Therefore, just as the good nurse, before attempting to give the patient a bath, goes and brings basin, water, towels, and soap, leaving him for that brief period in his dirt and discomfort, so I am going to get myself a vote before I try to push politicians out of almshouses, or any of the other places where they are now securely entrenched. Let those who are not yet adherents of political equality do the ameliorative and palliative work;—as for me, I am sick of wasting time and strength on such confused issues. In resolving, for the future, to drop all and every other detail of work save only the International Council and JOURNAL, and to devote time and energy

to the cause of the enfranchisement of women, I feel that I am doing the best of which I am capable for the nursing profession, which I see in its full relation to the woman movement and to humanitarian advance; for the sick in institutions; and for the prevention of illness and the development of health nursing in the future.

LAVINIA L. DOCK, R.N.

THE ISABEL HAMPTON ROBB EDUCATIONAL FUND

To the Nurses of America:

The Committee on the ISABEL HAMPTON ROBB MEMORIAL FUND desires to bring to the thoughtful consideration of the nurses of this country the great importance of this memorial, and the individual responsibility that must be assumed by each of us, if we make of it what we desire it to be—a worthy contribution to the cause of the higher education of nurses and an impressive testimonial to one of the great teachers in our profession.

Throughout the length and breadth of our land, there ought to come the practical evidences that you appreciate your own obligation in this endeavor and that out of your sincere appreciation you purpose that this memorial shall be, not the attempt of a few, but the grateful expression of every nurse and every training school, that one and all are debtors to Isabel Hampton Robb beyond what they can ever repay.

Blessed indeed are we in the usefulness and efficiency of our work as nurses, beyond many women! And it is she whom we owe tremendously for this; she who saw far into the future and who, out of her clear perception of what was needed to be done, was able to bring system and method and high purpose, that all of us have gained from in large degree. "How shall we show the worship we would do her?" Surely, by carrying out the purposes so dear to her heart, in making the nurse's training one of increasing educational privilege and highest dignity. No better means toward this end could have been devised than the establishment of the ISABEL HAMPTON ROBB EDUCATIONAL FUND, to which all of you are asked to give, as your heart prompts you. You and your school may profit directly from it, if you choose. Assuredly, the nursing profession will profit immeasurably, as there are added to its ranks earnest, enthusiastic women who have had the advantages of these Robb Scholarships, to make them better teachers and leaders among us.

It is urged that every nursing body, alumnae and state association, nursing clubs and schools, etc., make a systematic effort to interest their members, that everyone shall feel the desire to have some part in this splendid undertaking. We must realize that \$50,000 can be raised only by united, systematic, and *sustained* effort, and for some years ahead, until the sum is complete, we must constantly keep this Fund an important and live issue. Through personal letters addressed to all the graduates of the school, and to all the graduated classes, through the many centres of interest that the private nurse may be able to create, through interesting the large body of nurses not connected with local or national nursing organizations—through these means and many more which you may choose to adopt, it must be demonstrated that the ISABEL HAMPTON ROBB EDUCATIONAL FUND has the generous support of the entire nursing body of America and that its early completion is an assured fact.

Contributions to the ISABEL HAMPTON ROBB EDUCATIONAL FUND are as follows: N. L. Dorsey, \$5.00; E. Culbertson, \$5.00; Dorothea M. McDonald,

\$25.00; A. M. Lewis, \$5.00; Emma A. Doe, \$5.00; Laura Kreer, \$5.00; Beata Carlson, \$1.00; Nancy E. Cadmus (personal), \$10.00, (collected), \$25.00; Isabel Jarvis, \$5.00; M. Helena McMillan, \$25.00; Mrs. Charles D. Lockwood, \$5.00; Estelle Campbell, \$2.00; Isabel Harroun, \$1.00; Alumnae Society of Nathan Littauer Hospital Training-School for Nurses, \$10.00; Jno. Norton Infirmary, \$25.00; Miss Van Lanschott Hubrecht, \$2.00; Nancy P. Elicott, \$5.00; Anna Rein, \$1.00; Mae D. Currie, \$1.00; M. C. Stewart, \$25.00; H. L. Fisher, \$5.00. Total, \$198.00.

(All drafts, money orders, and certified checks should be made payable to The Merchants Loan & Trust Company.)

HELEN SCOTT HAY, Chairman,
509 Honore Street, Chicago, Ill.

Contributions to the JOURNAL Purchase Fund to August 15, 1910: 57 shares AMERICAN JOURNAL OF NURSING Stock. Received from Anna Davids, R.N., treasurer, \$1185.85; Richmond, Va., local organization, \$10.00; Grace Watson, \$3.00; San Francisco Training-School Nurses' Alumnae, \$25.00; Emma Holmes, \$5.00; Louise Brink, 50c.; Anna R. Turner, \$5.00; Helen Warburton, \$5.00; Los Angeles County Nurses' Association, \$3.50; Illinois State Association (sale of Nightingale post-cards), \$30.00; Presbyterian Hospital, Philadelphia, Nurses' Alumnae, \$25.00; Josephine Leland Breed, 50c.; German Hospital, Brooklyn, Alumnae Association, \$5.00; St. Luke's, Chicago, Alumnae Association, \$100.00; Englewood, New Jersey, Alumnae Association, \$6.50; Presbyterian, Chicago, Alumnae Association, \$10.00; Indiana State Nurses' Association, \$50.00. Total, \$1469.85.

M. LOUISE TWISS, R.N., Treasurer,
419 West 144th Street, New York City.

ASSOCIATED ALUMNÆ PROGRAMME

Alumnae, state, and county associations affiliated with the Associated Alumnae are asked to send suggestions for next year's programme to the chairman of the programme committee, Edna L. Foley, R.N., Room 411, 158 Adams Street, Chicago, Ill. Since the publication of the convention proceedings, with the names of committees, Sister Amy has asked to be relieved of the chairmanship of this committee, as she was serving in like capacity for the Superintendents' Society. Miss Foley especially wishes suggestions for papers on social service work, as undoubtedly one session will be devoted to that subject.

AGNES G. DEANS, Secretary.

CHANGES IN THE ARMY NURSE CORPS SINCE APRIL 18, 1910

Appointments: Ethel M. Baker, Illinois Training School, Chicago; Florence R. Churchill, Westboro Insane Hospital, Westboro, Mass., and New York Polyclinic; Elsie C. Dalton, Philadelphia General Hospital; Marie E. Kilcoyne, Milwaukee County Hospital, Wisconsin; Lyda Latham, City Hospital, Cincinnati, Ohio; Mary McEntee, Bellevue Training School, New York City; Lyda Rodgers, City Hospital, Cincinnati, Ohio; Margaret L. Todd, Bellevue Training School, New York City; Callie D. Woodley, St. Louis Training School, St. Louis City Hospital, St. Louis, Mo.; Joan R. Annand, graduate of Watertown City Hospital, Watertown, N. Y.; Minnie E. Kuehl, Grace Hospital, Boston, Mass., post-graduate of Bellevue Hospital, New York City; Etta M. Staub, Episcopal Hospital, Philadelphia, Pa.; Evangeline Duffy, graduate of Saint Joseph's Hospital, Philadel-

phia, Pa., night superintendent of Garretson Hospital, Philadelphia, and Superintendent of Training School, Saint Joseph's Hospital, Lancaster, Pa.; Clara M. Ervin, graduate of Worcester Insane Hospital, Worcester, Mass., also supervising nurse at Worcester Hospital, and nurse at Bellevue Hospital, New York City; Myra Eva Hummel, graduate of the Hospital of the Protestant Episcopal Church, Philadelphia, also assistant superintendent of the Lying-in-Charity Hospital of Philadelphia; Cora Miller, graduate of Samaritan Hospital, Troy, New York; Rhoda M. Wright, graduate of the Monmouth Memorial Hospital, Long Branch, New Jersey.

Reappointments: Virginia M. Himes, Government Hospital for the Insane, Washington, D. C., and New York Polyclinic; Mary C. Jorgensen, City Hospital Training School, Troy, N. Y.; Mary E. Nagle, Erie County Hospital, Buffalo, N. Y.

Discharges: Rose E. Abel, May 26; Hannah P. Morris, April 9; Millicent Stuart, April 8; E. Marie McGinty, June 9; Maude A. MacLellan, June 15; Alice G. Mahoney, June 17; Frances M. Steel, June 21; Bessie C. Osbaugh, June 19; Anna L. Davis, July 1; Ethel J. Pinches, July 13; Louise Maguire, August 1; Mary H. Hallock, August 8; and Valeria Rittenhouse, August 8.

Transfers: Pearle B. Beecher from General Hospital, San Francisco, to Manila, P. I., May 5; Bessie S. Bell from San Francisco to General Hospital, Ft. Bayard; Emma Rothfuss from San Francisco to General Hospital, Ft. Bayard, N. M.; Pamela E. Tiernan from San Francisco to General Hospital, Ft. Bayard. From General Hospital, San Francisco, to Ft. Bayard, New Mexico, Victoria E. Armstrong; Leonora Bricker; Mary C. Jorgensen, and Mrs. M. Virginia Himes. From General Hospital, Ft. Bayard, to San Francisco, California, Josephine Anslyn, Louise Rohlfis, and Emma Woods. From San Francisco to Philippines Division on Logan, June 6, Dollie Ann Bowser and Mrs. Adjie H. Chapman. From San Francisco to Ft. Bayard, New Mexico, Edith H. Rutley. From Philippines Division to San Francisco, July 12, Gertrude H. Lustig and Valeria Rittenhouse; August 12, Lyda M. Keener and Elizabeth D. Reid. From San Francisco to Philippines Division, Anna B. Carlson, Carrie L. Howard, Sarah T. Little, and Bessie Kelly (from Ft. Bayard) on August 5. From Division Hospital, Manila, to Camp Keithley, P. I., Florence W. Thompson. From Camp Keithley to Division Hospital, Manila, P. I., Junia Hattie Latimer.

JANE A. DELANO, R.N.,
Superintendent, Army Nurse Corps.

CHANGES IN THE NAVY NURSE CORPS

Appointments: Maud L. McKennie, graduate of the Brooklyn Hospital Training School; Tella B. Erwin, Lakeside Hospital, Cleveland, Ohio; Mary R. Gillette, University Hospital, Philadelphia, Pa.; Lily E. White, St. Vincent's Hospital, Norfolk, Va.; Ruth R. Kuhn, University of Maryland Hospital, Baltimore, Md.

Transfers: From the Naval Hospital, Norfolk, Va., Thomasina B. Small to the Naval Hospital, Mare Island, Cal., and Mary C. Nelson to the Naval Hospital, Brooklyn, N. Y. From the Naval Medical School Hospital, Washington, D. C., to the Naval Hospital, Norfolk, Va., Sara M. Cox and Sara B. Myer.

ESTHER V. HASSON, R.N.,
Superintendent Navy Nurse Corps.

MASSACHUSETTS

THE MASSACHUSETTS STATE NURSES' ASSOCIATION held its seventh annual meeting in Boston on June 14. There was a large attendance and the following interesting and helpful programme was carried out: invocation, Rev. Charles E. Eaton; address, Mary M. Riddle, president of the association; "The Bill," Charles E. Bancroft; "What State Registration Has Accomplished in Other States," Sara E. Parsons; "A Plea for Graded Registration," Dr. C. H. Cook; "Suggestions as to the Value of a Superintendents of Training Schools Society Connected with Our State Association," Clara D. Noyes. It was voted that a committee of five be appointed to outline a policy or plan of procedure whereby the superintendents of training schools in Massachusetts may be affiliated with the State Nurses' Association, Miss Noyes to be chairman of the committee and choose her associates. Twenty-seven new members were added. The association is rejoicing over the fact that its bill for state registration of nurses has become a law, and the announcement of the personnel of the board by Mr. Bancroft was received with much applause: Mary M. Riddle, Newton Hospital; Lucia Jaquith, Worcester Memorial Hospital; Mary E. Shields, Boston; Dr. George T. Tuttle, McLean Hospital, Waverly; and Dr. Edwin B. Harvey, secretary of the state board of registration in medicine. Emma M. Nichols was chairman of the programme committee, and the refreshments were served by the Boston Nurses' Club under the direction of Julia E. Reed, registrar of the club.

Boston.—THE BOSTON NURSES' CLUB, by invitation of the New England Hospital Alumnae Association, held its last social of the season at their club house and the grounds of the New England Hospital on the afternoon of July 9. About sixty club members and friends attended and all much appreciated the hospitality shown them. Refreshments were served on the lawn, to the accompaniment of music, and the guests were afterward invited to inspect the new Goddard Home for the nurses of the training school.

Newton Lower Falls.—MARY M. RIDDLE, superintendent of Newton Hospital, has been abroad for the summer.

Danvers.—THE STATE HOSPITAL FOR THE INSANE held graduating exercises on June 27. There were five graduates. Addresses were given by Dr. Henry M. Swift, and Dr. Charles W. Page, retiring superintendent; the diplomas were presented by S. Herbert Wilkins. Lillian Scott gave the valedictory. Dr. Page spoke on "What Nurses Gain by Treating Insane Patients without Mechanical Means of Restraint," a subject in which he has always been deeply interested.

New Bedford.—CLARA D. NOYES, superintendent of St. Luke's Hospital, has resigned to take the position of superintendent of nurses of Bellevue and Allied Hospitals. She is succeeded by Stella W. Sampson, a Johns Hopkins graduate, who has been her assistant for the past year.

CONNECTICUT

New Haven.—CHARLOTTE M. PERRY, recently superintendent of nurses at Faxton Hospital, Utica, N. Y., has accepted the position of superintendent of Grace Hospital in this city, assuming her duties September 1.

RHODE ISLAND

Providence.—THE RHODE ISLAND HOSPITAL held graduating exercises on the evening of May 26 in the Royal C. Taft building for out-patients for the 29

graduates of the class of 1910. Addresses were given by President Faunce, of Brown University, and by Mary M. Riddle. The diplomas were presented by President Gammell of the board of directors. An informal reception and dancing followed.

NEW YORK

THE NEW YORK STATE NURSES' ASSOCIATION will hold its annual meeting at Rochester, October 18, 19, and 20, in the ball-room of the Hotel Seneca. The committee on arrangements has selected the Hotel Seneca as headquarters, and rooms there may be had at the following rates: single rooms, without bath, \$1.50 per day, and up; with bath, \$2, and up. Other excellent hotels are the Powers Hotel, Hotel Rochester, and the Whitcomb House. Delegates and members are requested to make their arrangements and secure accommodations at an early date, as the Rochester Industrial Exposition will be closing at the time and the hotels will be crowded. A complete programme will be published in the October JOURNAL.

In view of impending legislation, the executive committee has decided that it is necessary to increase the dues for the following year to twenty cents per capita for associations and to two dollars for individual members.

GRACE KNIGHT SCHENCK, R.N., Secretary.

THE NEW YORK STATE COMMITTEE ON RED CROSS NURSING SERVICE held a meeting on June 21 at the Central Nurses' Club. In the absence of the chairman, Miss Dewey, the meeting was called to order by the secretary, Mrs. Stevenson. Mrs. Schenck was elected temporary chairman. Members present, Miss A. Charlton, Mrs. Stevenson, Mrs. Schenck. The reading of the minutes of the last meeting was suspended. A letter from Miss Dewey was read asking that the question of meeting the expense of the committee for postage be brought to the attention of the state association. Mrs. Schenck said she would report the matter at the next meeting of the state executive committee. Mrs. Schenck presented the list of candidates for appointment on the Manhattan local committee which had been approved by the county association: Mrs. Twiss, Elsie Patterson, Anna Charlton, Mrs. Brockway, Addie Bredehorst, Sallie Chamberlain, Rose Johnson, Blanch Blackman, Harriet Frank, and Mrs. Schenck. In reserve, Florence Johnson, Misses Ward and McKnight. Mrs. Schenck was instructed to notify these candidates of their appointment. Mrs. Stevenson, on behalf of Miss Dewey, presented the list of candidates for appointment on the Brooklyn local committee which had been approved by Kings County Association: Mrs. M. L. Rogers, Mrs. E. Ward, Mrs. A. Henricksen, Anna Davids, Bertha Cooper, M. O. Donnell, Miss Horrocks, Miss Wale, Mrs. Stevenson, and Miss Dewey, chairman. Miss Dewey was instructed to notify these candidates of their appointment. The secretary read a letter from Miss Farquhar, secretary of the Central Club House, authorizing the committee to hold the meeting at the club house. A hearty vote of thanks was voted her for her courtesy. A report was made by Mrs. Stevenson of the proposed division of counties among the district local committees. The Brooklyn committee will have charge of enrolments on Long Island; the Manhattan will have charge of all other enrolments throughout the state until the other local committees have been appointed. The secretary was directed to ask the secretaries of the local committees (1) to report to the state committee after each regular meeting the number of new enrolments and place of residence; (2) to notify the secretaries of nursing organizations in their districts that appli-

cants for enrolment who are members of a society affiliated with the Nurses' Associated Alumnæ must be endorsed by their society; (3) to suggest the advisability of appointing alumnæ Red Cross committees to keep in touch with Red Cross work and secure the enrolment of nurses; (4) after the first meeting of the committee to forward to Washington recommendations as to what club or registry or office is suggested for the headquarters of the committee. The secretary was authorized to send a letter to Washington to the national committee asking for information as to the desirability of undertaking emergency relief work during parades and large public meetings. Letters were read from Miss Morley and Miss Maxwell on the Buffalo work, from Mrs. Burrell on Syracuse work, and Miss Dewey on the Albany work. It was decided to recommend to the state executive committee through Mrs. Schenck that Miss K. I. Kennedy, of Buffalo, be nominated in place of Miss Morley, resigned on account of ill health. It was decided to endorse any action taken by Mrs. Burrill in regard to the Syracuse committee, and by Miss Dewey in regard to the Albany committee. Meeting adjourned.

B. VAN H. STEVENSON, Secretary.

New York City.—THE NURSES' CLUB HOUSE, 54 East 34th Street, which threw open its doors with two large receptions during the week of May conventions, is the centre of nursing interest, many members having been received during the summer. Application blanks for club membership may be obtained by writing or calling upon Miss Farquhar, acting secretary, at the club address, to whom also applications for rooms should be made. Annual dues are \$1, with an initiation fee of \$1. The dining-room is open to nurses and their friends for breakfast, luncheon, and dinner,—afternoon tea is served in the garden, and a quieter, more attractive spot it would be difficult to find. There has been such a cordial response on the part of nurses that the success of the club house is practically assured and plans have been drawn for a twelve-story permanent club to accommodate four hundred nurses.

THE NEW YORK COUNTY REGISTERED NURSES' ASSOCIATION, at its annual meeting, held on June 7, elected the following officers: president, Charlotte Ehrlicher, R.N.; vice-president, E. E. Golding, R.N.; recording secretary, Irene Yocum, R.N.; corresponding secretary, Mrs. Hugh Jack, R.N.; treasurer, Jennie Greenthal, R.N.; trustee for three years, Maria Daniels, R.N. This association begs to announce the opening, under its auspices, of the Central Registry, 52 East 34th Street, telephone, 3457 Madison Square, with Pauline L. Dolliver, registrar, and Marie A. Pless, assistant registrar.

The following regulations have been adopted for the government of the registry:

MEMBERSHIP

Class A—Any member of an affiliated association if already registered with her own registry is eligible to membership on paying an annual fee of \$10.00.

Class B—An individual member of the County Association is eligible to membership on payment of an annual fee of \$15.00.

Class C—Graduate nurses who agree to apply for registration within a year may be admitted to membership if acceptable to the County Association on payment of an annual fee of \$15.00.

Class D—Women who can give satisfactory credentials and do good work,

but who have had no diploma from a hospital may be admitted to membership under rules formulated by the registry committee and on payment of an annual fee of \$5.00.

Affiliated Associations are requested to pay an annual fee of 15 cents per capita.

RULES FOR NURSES

1. Nurses on registering must state what class of cases they will take.
2. Nurses reporting for duty are placed at the foot of the list. When no request is made for a particular nurse, the Registrar shall, if possible, send the first one on the list who is registered for the class of work, to which the call belongs. The name of the nurse refusing a call for which she is registered will be placed on the foot of the list.
3. Nurses must notify the Registrar of illness or any other unavoidable cause which will prevent their responding to a call, in which case their place on the list shall remain the same.
4. Nurses on calls lasting only forty-eight hours retain their places on the list if notice has been sent to the Registrar within twenty-four hours after leaving the case.
5. Nurses on the list taking outside calls must notify the Registrar promptly.
6. Nurses needing a second nurse at a case are requested to secure the services of a registry member by telephoning to the Registrar.
7. When a nurse's name has become tenth on the list she shall receive a postal notification from the Registrar to that effect and after being thus notified she must not be out of reach of the registry for more than two hours at any one time. Otherwise she will forfeit her turn, and the next nurse will be assigned to the case. The right is reserved for an emergency case to assign the first nurse that can be reached.
8. Dues must be paid annually in advance on registering and no nurse in arrears shall be considered on call.
9. The Registry requires a week's quarantine after contagious calls, but if the doctor knowing the conditions, be willing to permit a nurse to take it under that time, he assumes all responsibilities.

TERMS

The established uniform fees to which all nurses must conform *when engaged through the central Registry* are as follows:

1. For general nursing \$25 per week and at the same rate for a period exceeding a week. Less than a week \$4.00 per day.
2. Obstetrical cases \$30 per week for the first two weeks, \$25 for the succeeding weeks unless there are two nurses, when \$25 per week will be charged for the entire time.
3. Nervous cases, alcoholic, insane and contagious \$30.00 per week, and at the same rate for a period exceeding a week. Less than a week \$5.00 per day.
4. In cases where there is more than one patient \$5.00 per week extra will be charged for each additional patient. For attendance at an operation or one day's engagement \$5.00.
5. No charge made for attending the body after death unless called in especially for that duty when a charge of \$5.00 may be made.

6. When on twenty-four hour duty a nurse should have at least seven hours' sleep and two hours' recreation.

7. Travelling expenses are to be charged only when the engagement is out of town, laundry shall be charged on out-of-town contagious cases.

8. The schedule of the Mills' Association shall govern the prices of the male nurses.

The regular quarterly meeting of the county society will be held at the Club House, 54 East 34th Street, on Tuesday, October 4, at 8 P.M.

THE NEW YORK DIET KITCHEN ASSOCIATION, founded for the purpose of distributing properly-prepared foods, particularly milk, to the destitute sick, and now in its thirty-eighth year, bids fair to become one of the most important educational centres in the city. In no other place is it possible to reach so many mothers and children every day and instruct them in the laws of health. The association is fortunate in securing as superintendent of the work Maria L. Daniel, R.N., late supervising nurse of the Division of Child Hygiene, Department of Health. The Department details doctors and nurses for conferences with the mothers, held in the kitchens, usually on Thursdays, weekly, where the service is lighter; but in the heavier districts, two are held during the week. The morning following the conference, a nurse is on duty in the kitchen to further instruct any mother who is in need. During the past two years the association has changed to a paying basis, and now the milk is sold to those who can pay for it, at grocery store prices, but as it is certified milk, the grocer is compelled to dispense clean pure milk, if he would have the patronage of the diet-kitchen instructed public. A new kitchen just opened in the Bronx makes nine in all, and is in the locality where the mortality was highest last summer.

THE ROOSEVELT HOSPITAL GRADUATES on June 30 gave a farewell reception for the retiring superintendent of nurses, Mary A. Samuel, and presented her with a silver loving cup and a bag of gold pieces. Her successor has not been appointed.

CLARA D. NOYES, superintendent of St Luke's Hospital, New Bedford, has been appointed superintendent of the training schools of Bellevue and Allied Hospitals.

AMY M. HILLIARD, R.N., recent superintendent of the Jackson Sanatorium Training School, Dansville, took charge on July 1, of the nursing in the Neurological Hospital.

LUCY ASHBY SHARPE, a Johns Hopkins graduate, and recent superintendent of the Church Home and Infirmary, Baltimore, is now superintendent of the New York Nursery and Child's Hospital, which is really the old New York Infant Asylum, under a new name and organization. There is exceptional service in obstetrics and children's diseases, and both affiliated and graduate work will be given, care being taken for the comfort of the nurses and for their training.

Schenectady.—THE HUDSON VALLEY ASSOCIATION FOR TRAINING SCHOOL PROGRESS met at the Physicians Hospital on June 11, Miss J. Littlefield presiding. Points of interest from the New York conventions were brought up for discussion, members who had been present at the meeting giving short reports. It was with deep regret that the members learned of Miss Alline's decision to leave the state department and take up other work. She was one of the organizers of the Hudson Valley Association and has been present at all the meetings, which have been interesting and helpful through her efforts. Her constant aim has

been to improve the training schools and raise the standard high. Her presence at the meetings as well as her visits of inspection have been an incentive to good work, and the members feel that the new Homœopathic Hospital in Buffalo is to be congratulated in its choice of a superintendent. In behalf of the Association, Miss Schulze, of the Saratoga Hospital, presented Miss Alline with a beautiful cut glass vase, and in doing so she referred to Miss Alline's work at Teachers College, saying that it is due to her influence, her untiring and efficient work, that the Hospital Economics Course is as high as it is to-day. She thanked her for her efforts on behalf of the association and of the training schools. Miss Alline responded in a few words of gratitude for their co-operation and for their gift. These sentiments were embodied also in a formal resolution. The next meeting will be held in Glens Falls, N. Y., August 13.

Rochester.—HAHNEMANN HOSPITAL has a new assistant superintendent, Florence Amaveen, a graduate of the Homœopathic Hospital, Boston, who succeeds Miss Archer, now Mrs. Heal.

Canandaigua.—THE FREDERICK FERRIS THOMPSON HOSPITAL graduated its first class of five nurses on the afternoon of June 8. Addresses were made by Hon. Robert F. Thompson, Dr. John H. Jewett, and Dr. Rogers Israel, of Scranton, Pa. The diplomas and pins were presented by Mr. Edward G. Hayes, president of the board of directors.

Buffalo.—MISS BENTON, the retiring superintendent of nurses of the Homœopathic Hospital, was given a farewell luncheon at which she was presented with a pendant of black pearls and diamonds by the associate board.

NEW JERSEY

Trenton.—THE WILLIAM MCKINLEY MEMORIAL HOSPITAL TRAINING SCHOOL FOR NURSES held its commencement on June 9, graduating three nurses. Dr. Speakman, of Philadelphia, made the address. Laura M. Weber is superintendent of the school.

PENNSYLVANIA

REPORT OF THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES

In reviewing the work of the past year the Board feels gratified at the general interest taken in the work, not only among the graduate nurses, but also physicians and the public. The number of graduates registering far exceeds the expectations of the Board and registration in other states. The Board is happy in the thought that the standard of the hospitals graduating nurses in this State is of a very high order of efficiency, and that the management of these hospitals is making every effort to establish a uniform curriculum, and training their pupils in a reasonable and practicable way.

The Board recognizes the fact that time will be necessary for a certain proportion of the training schools to come to that standard which the medical profession throughout the State requires, and the fact should be emphasized that this Board is most anxious to be of assistance to those schools so that when examinations begin, the entire medical and nursing professions will be satisfied with the registration law as administered by its Board.

For the good of registration in Pennsylvania, each member of the Board has taken a personal interest in nursing affairs in all its aspects. They have

been untiring in their efforts to place the subject properly before the public. It now remains for each individual graduate, who has registered, to show to the public and medical profession that registration is a guarantee that she is obedient to the doctors' orders, that she has skill in carrying out those orders in such a way that they produce the results expected by the medical attendant, and with the least possible expense and discomfort to the patient.

The registered nurse should study in a practical way all those points taught her in her training days, regarding patience, loyalty, and obedience, and practise them as a nurse under the direction of the physician. She should refrain at all times from criticizing the medical management of any case. In emergencies she should consider herself a layman, with some ability to keep the patient safe until proper medical attention arrives.

It is the opinion of the Board that those nurses having the best training are those that appreciate the value of registration and are most cautious in assuming responsibility, and that it is the poorly trained and ignorant nurses who very foolishly call upon their profession the odium which their actions warrant. It might be well for all registered nurses to commit to memory a quotation from an editorial in the *Pennsylvania Medical Journal*, of May, 1910, which is as follows:

"The title 'Registered Nurse' will be of value just in proportion as experience shall convince physicians that nurses that have passed the State Board are, as a rule, better than nurses that have not such an examination."

Registration has been granted to 228 additional nurses.

Philadelphia.—THE UNIVERSITY OF PENNSYLVANIA has been selected by Mr. Henry Phipps, of New York, to carry on the work of the Phipps Institute for the study, prevention, and treatment of tuberculosis. Mr. Phipps has already acquired ground in this city on which will be erected a hospital for this purpose. The extent of the benefaction exceeds \$5,000,000. The work will be divided into three general departments, each of which will be presided over by a director. For the directorship of the laboratory, Dr. Paul Lewis, now of the Rockefeller Institute, has been selected. For directorship of the sociological department, Mr. Alexander M. Wilson, of the Boston Association for the Relief and Control of Tuberculosis. Dr. H. R. M. Landis has accepted the appointment as director of the clinical department.

THE HOWARD HOSPITAL NURSES' ALUMNÆ ASSOCIATION gave an informal reception and dance on June 1 to the graduating class, the members of which were elected to membership on May 18.

Punxsutawney.—ADRIAN HOSPITAL ALUMNÆ ASSOCIATION held its semi-annual business meeting at the home of Miss Bright, at DuBois, on July 6. Eleven members were present, and three new ones were admitted. The following officers were elected: president, Erie B. Smith; vice-president, Harriet Bright; secretary, Fannie London; treasurer, Mrs. Chester Fugate. Miss Lunetta Miller, superintendent of the hospital, donated to the alumnae fund a beautiful silver tea set. After the business meeting, the members were given a dinner at the Commercial Hotel by Dr. S. M. Free. The next meeting will be held at Adrian Hospital, the first Wednesday in January, 1911.

Oil City.—OIL CITY HOSPITAL held commencement exercises for the classes of 1909 and 1910 at the nurses' home on the evening of July 7. Addresses were made by Mr. S. Y. Ramage, Rev. J. E. Darby, D.D., and Mr. F. W. Hayes. The

diplomas and badges were presented by Mr. Ramage, and the Hippocratic Oath was administered to the eight graduates by Emma J. Keating. A reception followed.

McKeesport.—THE MCKEESPORT HOSPITAL graduate nurses held their annual picnic on July 6, at Olympia, during "Old Home week." Friends from other towns helped make the event an enjoyable one.

DISTRICT OF COLUMBIA

THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold examination of applicants November 9-10. Applications must be filed with the secretary before October 15.

KATHERINE DOUGLAS, R.N., Secretary and Treasurer,
320 East Capitol Street, Washington, D. C.

Washington.—THE GRADUATE NURSES' ASSOCIATION at a special meeting, called June 17, to hear the report of Miss Dauchy, the delegate to the convention, and to discuss the club house, voted to have a club and to take the house at 1337 K Street, N. W., as headquarters for the club and for all nursing interests connected therewith. The house is large, ideally situated, facing a beautiful park, within walking distance of most of the interesting sights of the city and of its business and amusement centre, near two lines of cars that transfer to all others. It can accommodate from twelve to fourteen resident nurses, the central registry, and has an assembly room, library, dining-room, and kitchen. The sum of \$900 was immediately subscribed by the members present for furnishing and incidental expenses, with the expectation that the absent members would bring the fund up to \$2000. The new quarters were occupied on July 26.

FOUR MEMBERS OF THE NAVY NURSE CORPS have completed a course of sixteen lessons at the McKinley night school which included classification, chemical composition, and nutritive values of foods.

THE FREEDMAN'S HOSPITAL GRADUATE NURSES' ALUMNÆ ASSOCIATION gave a reception to the class of 1910 on May 19, at 918 T Street, N. W.

MARYLAND

THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES will hold its next examination for state registration, October 11, 12, 13, 14, at the Medical and Chirurgical Library, 1211 Cathedral Street. All applications must be filed with the secretary before September 30, 1910.

ELIZABETH G. PRICE, R.N., Secretary,
1211 Cathedral Street, Baltimore, Md.

Baltimore.—THE HOSPITAL FOR THE WOMEN OF MARYLAND, corner of John Street and Lafayette Avenue, is about to establish a training school for nurses. The course will cover three years and will include sufficient supplementary training to render the nurses eligible for the State Board examinations.

FRANCES HARTWELL, an early graduate of Johns Hopkins, and for many years associated with New York hospitals, has taken charge of the Church Home and Infirmary.

N. WILSON, R.N., graduate of the Protestant Infirmary Hospital, has been ill for many months, part of the time in the hospital, having undergone an operation for appendicitis in the spring. Her illness is partly due to an automobile accident.

THE UNIVERSITY OF MARYLAND TRAINING SCHOOL graduated a class of twenty nurses on May 6, at Lehman's Hall; the exercises were followed by a reception and dance.

THE NURSES' ALUMNÆ ASSOCIATION OF THE UNIVERSITY OF MARYLAND entertained the graduating class of 1910 on May 7.

THE EXECUTIVE BOARD of the Maryland University Nurses' Alumnæ Association was entertained at luncheon by Mrs. Page Edmunds, president of the association, on May 28.

ALICE F. BELL, class of 1907, University of Maryland Hospital, has been appointed superintendent of the University of Maryland Training School. Miss Ravenell has been reappointed in the relief association in Aiken, S. C. Annie F. King, class of 1903, is in charge of the Baltimore Eye, Ear, Throat and Nose Hospital. Florence King, and Miss Taylor, class of 1910, have accepted positions as head nurses in the same institution.

VIRGINIA

THE VIRGINIA STATE BOARD OF EXAMINERS met in Richmond, May 15. Forty-one nurses came up for examination.

Richmond.—THE RICHMOND NURSES' CLUB was organized in June, the purposes of the organization being, as set forth in the constitution, to promote the general welfare of the nursing profession, to raise it to the highest standard attainable, to promote social intercourse and good fellowship among nurses, to uphold a high code of ethics, and to establish club rooms. The organization started with over forty-five charter members. Eligibility to membership consists of state registration and good standing in the profession. It is the purpose of the club to hold weekly meetings, and to vary the line of work discussed and the programmes. One meeting each month will be devoted to business, the next to literature and art, the next to social work, and one to professional work, papers, discussions, etc., which will enable the members to keep up with the newer ideas and methods. In having these different programmes, it is intended to meet the needs and tastes of different members. A committee on each line of work is appointed to serve for three months. The superintendents of the several training schools of the city are taking an active part in the club. Officers for the present year are as follows: president, Miss Detwiler, Illinois Training School; vice-presidents, Ruth Robinson, superintendent St. Luke's Hospital, Maggie Watkins, Virginia Hospital Training School; treasurer, Sallie Webb, Virginia Hospital Training School; secretary, Rachel Isaacson, St. John's Hospital, Minnesota; assistant secretary, Evelyn Daniel, Virginia Hospital. There has been a long-felt need in the city for heartier co-operation among nurses, especially has this been felt by those who graduated in other cities and are away from their own alumnæ associations. The club rooms, at 115 East Franklin Street, were opened on July 1. Meetings are held each Thursday at 4 P.M.

ETHEL MAY LINDEN, of London Training School, England, who has been the efficient head nurse at the Virginia Home for Incurables, has resigned her position and accepted one in the State Tuberculosis Hospital at Mount Alto, Pa.

FLORENCE BESLEY, graduate of the Columbia and Children's Hospitals, Washington, and for six years superintendent of nurses at the Hospital of the University of Virginia, Charlottesville, after a vacation of two years at her home in Virginia, sailed on July 15 for the Philippines, where she assumes charge of the Civil Hospital, Manila.

WEST VIRGINIA

THE WEST VIRGINIA STATE GRADUATE NURSES' ASSOCIATION will hold its fifth annual meeting in the Assembly Room of Hotel Kenawha, September 6, 7, and 8. September 6 will be devoted to the Society of Training School Superintendents. Subjects to be considered are: "The Probationer: Entrance examinations, length of probation, her studies and duties." "The First Year Nurse: Her studies and duties." "Pupil's second year of study and duty." "Pupil's third year of study and duty." "Affiliation with large, or special Hospitals. Is it practicable?" "Private Nursing by pupil nurses. Is it wise?" "District Nursing by pupil nurses. Should it be done?"

Some of the papers to be read at the state meeting on the following days are: "The Anti-tuberculosis Movement in Charleston," "A Hospital for Sick Babies," "Some Phases of Private Nursing," "The Teaching of Bacteriology." Headquarters are at the Hotel Kenawha.

Committees of Charleston nurses, distinguished by wearing a green and white rosette, on the left collar, will meet all trains on September 6.

THE BOARD OF EXAMINERS FOR NURSES met on June 19 in Charleston at the capitol, the Senate Chamber being given for its use. Forty-six candidates were examined, representing thirteen training schools, all of the state except one.

Fairmont.—THE COOK HOSPITAL AND TRAINING SCHOOL held its annual commencement on the evening of June 10, in the parlor and library of the hospital. Addresses were given to the eight graduates by Dr. J. J. Durrett, and Mr. J. C. Miller, who presented the diplomas. The class pins were presented by Miss Anna E. McArdle, the head nurse. An informal reception followed.

Hinton.—(MRS.) MARIA D. LINGENFELTER has resigned her position as superintendent of the training school in the Hinton Hospital, and is now at her home in Auburn, N. Y.

NORTH CAROLINA

THE NORTH CAROLINA STATE NURSES' ASSOCIATION held its eighth annual meeting at Asheville, June 8-10. At the public meeting held at the Battery Park Hotel, a large audience, composed of delegates and their friends, enjoyed an interesting programme which included papers by prominent local physicians. Dr. M. H. Fletcher presided. After addresses of welcome, Dr. Paul H. Ringer spoke on "The Responsibility of the Trained Nurse to the Community," and Dr. R. S. Carroll on "Suggestion." The following days were occupied in carrying on the business of the association. Members several years in arrears were dropped and new members registered. The greetings of the president, Miss Pfohl, to the nurses were delivered in a graceful, pleasing manner. The subject of increased dues was discussed with negative decision. Instead, a motion was carried that the members be assessed to establish a General Benefit Fund. Reports were read by the chairman of the committee on almshouse investigation, and from Miss Wyche, delegate to the Associated Alumnae. Delegates from the various local associations read reports of their societies, and a conference was held in which a course of reading was agreed upon, embracing ethics of nursing and parliamentary law. A state committee on Red Cross Nursing Service was formed composed of the following persons: Constance E. Pfohl, R.N., chairman, Winston-

Salem; M. L. Wyche, R.N., Durham; F. M. Perry, R.N., Wilmington; M. P. Saxton, R.N., and Miss Irish, Asheville. A society of superintendents of hospitals and training schools was formed, with Miss M. P. Saxton, R.N., a graduate of Johns Hopkins Hospital, superintendent of Mission Hospital, Asheville, as president, and Miss Irish, superintendent of Biltmore Hospital, secretary and treasurer. The proposed amendment to the constitution in regard to voting by proxy was accepted. An amendment was proposed to take effect 1911, which reads, "All members desiring membership in state society must be registered nurses." The subject of fee bill was discussed and it was agreed that the subject should be settled by each local society as it thought best. Through the kindness and generosity of the editors of THE AMERICAN JOURNAL OF NURSING in sending literature, etc., for the JOURNAL table, all nurses present who were not already subscribers to the JOURNAL were induced to become so. The spirit of this meeting was a particularly happy one. In this beautiful "land of the sky," the valleys and mountains and clear air conspired to soothe irritated nerves and refresh tired bodies. The influence of the altitude stimulated the members to greater efforts to attain the peaks of long-established but sometimes forgotten ideals, increasing the desire for nobler work as professional women, with the high calling and distinct privilege of relieving distressed and suffering humanity, a desire that lies so near the heart of every true nurse. The hostesses with a cordial spirit planned a delightful entertainment, combining a charming drive over the Biltmore estate, and afternoon tea and a reception at Mission and Biltmore Hospitals. The members appreciated the time and attention given them by the physicians who provided an automobile ride about Asheville and the surrounding country. Several invitations were received for the next meeting, the vote of the association favored Greensboro, but the matter will be decided by the directors. The officers for the ensuing year are: president, Constance E. Pfohl, R.N.; vice-presidents, M. P. Saxton, R.N., May Williams, R.N.; treasurer, Birdie Dunn, R.N.; secretary, L. A. Toomer; chairman membership committee, Ella McNichols, R.N.

KENTUCKY

Louisville.—THE LOUISVILLE DEACONESS HOSPITAL held its commencement for the class of 1910 on the evening of June 23, in the First G. M. E. Church. Addresses were given by Doctors Fulton, Severinghaus, and Rev. Mr. Fraushell. There were five graduates. The annual banquet was given by the alumnae, when a pleasant evening was spent by all present.

OHIO

THE OHIO STATE ASSOCIATION OF GRADUATE NURSES, through a committee appointed by the president, adopted the following resolutions on the death of Mrs. Hunter Robb (Isabel Hampton):

WHEREAS, It has pleased an All-Wise Providence to remove to another sphere of usefulness one of the greatest workers for humanity of modern times; therefore, be it

Resolved, That The Ohio State Association of Graduate Nurses has lost its most honored and revered member; that throughout the world the nursing profession mourns the loss of one of its most inspirational leaders.

Resolved, That a copy of these resolutions be placed on the minutes of The Ohio Association of Graduate Nurses, be sent to Dr. Hunter Robb, and also to THE AMERICAN JOURNAL OF NURSING for publication.

Committee on Resolutions,
MARY H. GREENWOOD, Chairman,
OLLIE FISHER,
FLORENCE A. BISHOP,
ANNA M. LAWSON,
JENNIE L. TUTTLE,
MATILDA L. JOHNSON.

Cincinnati.—THE JEWISH HOSPITAL ALUMNÆ ASSOCIATION held its last meeting of the season on June 3. After the disposal of business, the entire class of 1910, consisting of seven members, was unanimously elected to membership. Three honorary members were also heartily approved. The president, Miss Pierce, gave an interesting account of the Associated Alumnæ meetings and entertainments. Miss Greenwood, superintendent of the hospital, gave a delightful description of the Nightingale Commemoration Exercises. The amount pledged by the delegate toward the Isabel Hampton Robb Memorial Fund was approved by the association.

Mt. Vernon.—THE OHIO STATE SANATORIUM issues the first copy of an illustrated paper, "The Convalescent," full of interesting and cheering bits of news and anecdotes, evidently for the benefit of the patients, and possibly edited by patients, though that is not made clear. There are two fine illustrations of the main hall of the administration building and the dining-room.

Cleveland.—H. MARIE LARSON, superintendent of Glenville Hospital, has announced her resignation, to take effect October 1.

MICHIGAN

THE MICHIGAN STATE NURSES' ASSOCIATION held its sixth annual meeting at the Masonic Temple, Port Huron, June 28, 29, and 30. The meeting was called to order by the president, Mrs. G. O. Switzer. Rev. J. P. McManus delivered the invocation and Dr. A. H. Cote, acting for Mayor J. J. Bell, gave the visiting nurses a most cordial welcome. Response by Fantine Pemberton. The remainder of the afternoon was devoted to the address of the president, the reports of the officers and chairmen of committees, closing with a drill in parliamentary law by Mrs. Emma Fox, of Detroit. In the evening Jane A. Delano, of Washington, gave an address on "Red Cross and Army Nursing," following which an informal reception was given.

Wednesday morning was taken up with a parliamentary law drill, the report of Sarah E. Sly, delegate to the Nurses' Associated Alumnæ; and the report of the delegate to the State Federation of Woman's Clubs and on State Registration given by Miss Elizabeth Flaws. After these reports the work was divided into two sections, one for the superintendents of training schools and one for private duty nurses. Very interesting papers were read at each. In the afternoon a boat ride was enjoyed by all at which a question box was conducted for each section. Wednesday evening Dr. Caroline Hedger, of Chicago, gave an address on "Social Hygiene."

Thursday the meeting closed after the election of the following officers: president, Mrs. Ralph Apted, Grand Rapids; vice-presidents, Mrs. G. O. Switzer,

Ludington, Mrs. R. G. Wheeler, Port Huron; recording secretary, Elizabeth Greener, Muskegon; corresponding secretary, Fantine Pemberton, Ann Arbor; chairman of committees: ways and means, Elizabeth Parker, Lansing; credential, Mary Kurfess, Jackson; nominating, Agnes Deans, Detroit; printing, Charlotte Dancy, Battle Creek; arrangements, Margaret Moore, Jackson; councillor, Isabel McIsaac, Benton Harbor.

The meeting of 1911 will be held in Jackson.

FANTINE PEMBERTON, R.N.,
Corresponding Secretary.

THE WAYNE COUNTY GRADUATE NURSES' ASSOCIATION, at its last quarterly meeting, held in Detroit, appointed a committee to draft the following resolutions of appreciation of Mrs. Isabel Hampton Robb, and of the profound sorrow of the members over the untimely removal from her life on earth:

WHEREAS, By the sudden passing into the eternal beyond of our most beloved friend and benefactor, Isabel Hampton Robb, our hearts are touched in no common manner, therefore

Be it resolved, That we have sustained an irreparable loss, and on behalf of the Wayne County Graduate Nurses' Association we express our sorrow and our appreciation of all this great generous friend by her tireless efforts has left to us as a monument to her memory.

Her life was spent in the relief of suffering and in the advancement of the nursing profession. Her example and her noble work will always live; and we feel that we can honor her best by emulating her bright example and striving to live up to the standard of her leadership.

Resolved, That a copy of these resolutions be sent to the sorrowing family with our deepest sympathy, also to THE AMERICAN JOURNAL OF NURSING, and that they be recorded in the minutes of this association.

LYSTRA E. GREYTER,
MATHILD KRUEGER,
EMILY N. RANKIN,
Committee.

Detroit.—GRACE HOSPITAL TRAINING SCHOOL held its annual commencement on the evening of May 18 at Chaffe Hall. Immediately after the exercises a reception was given to the graduates and their friends by the board of lady managers at the Helen Newberry nurses' home. There were nine graduates.

GRACE HOSPITAL ALUMNÆ ASSOCIATION held its annual picnic on Belle Isle on June 24.

Battle Creek.—NICHOLS MEMORIAL TRAINING SCHOOL held its annual meeting at the hospital, July 25. Business matters were discussed and new officers were elected for the ensuing year: president, Mrs. Edward Hoyt; vice-president, Lulu Barker; secretary, Lucy Patterson; treasurer, S. A. Gourlay.

WISCONSIN

THE WISCONSIN ASSOCIATION OF GRADUATE NURSES held a meeting on June 28, in the Chamber of Commerce, Oshkosh, with Katherine Maher in the chair. The nurses in that part of the state marked their enthusiasm in this organization by a large attendance. Beside nurses, a number of club women showed their

interest by being present. State Registration was the first subject under discussion. This was followed by the reading of a paper on "The Black Plague," by Dr. Bertha Thomson. The doctor emphasized the nurse's ability and also her responsibility to administer judicious advice on this evil, wherever such an opportunity presents itself. Dr. Gregory F. Connell addressed the meeting on "The Ideal Nurse." He laid stress on higher education and specialization for the nursing profession. Only two classes of nurses exist in his opinion, namely, the capable good nurse and the incapable bad nurse. Antonia Krubsack presented a paper on "Anæsthesia," based upon her eleven years' experience in this work. On account of the infrequency of trains, the meeting was obliged to adjourn early, which it did, *sine die*.

REGINE WHITE, Secretary.

The following resolutions were adopted by the directors at the June meeting of the Wisconsin State Association of Graduate Nurses:

WHEREAS, The graduate nurses of Wisconsin are being criticized by the medical profession because many of them show a lack of co-operation in the care of tuberculosis patients either in their homes or in institutions, and this lack of co-operation is felt by the body of nurses to be due to the insufficient training nurses are receiving in the modern treatment of tuberculosis; therefore, be it

Resolved, That the physicians and superintendents of training schools of Wisconsin be requested to devote more attention to the instructing of pupil nurses in the care of tuberculosis patients, and when such instruction is not possible in their schools owing to the exclusion of such patients, some affiliation with tuberculosis sanatoria be secured; further, be it

Resolved, That a copy of these resolutions be sent to the editors of the *Wisconsin State Medical Journal*, *THE AMERICAN JOURNAL OF NURSING*, and to the superintendents of all training schools for nurses in this state.

M. G. TOMPKINS,
518 Caswell Bldg.,
M. C. BRADSHAW,
Committee.

Wauwatosa.—THE MILWAUKEE COUNTY HOSPITAL TRAINING SCHOOL FOR NURSES held graduating exercises on the evening of June 27, for a class of seven, in the hospital amphitheatre. Addresses were given by Lorenzo Boorse, M.D., and Caroline Hedger, M.D. Dr. Boorse presented the diplomas, and the Nightingale Pledge was administered. An informal reception followed at the nurses' home.

MINNESOTA

Minneapolis.—BERTHA ERDMANN, R.N., recent superintendent of nurses at the University Hospital, has received the appointment of director of the course for nurses at the University of North Dakota, beginning her duties in September.

ILLINOIS

Chicago.—THE ILLINOIS TRAINING SCHOOL ALUMNÆ ASSOCIATION, at its annual meeting in May, elected the following officers: president, Cora Kohlfaat; vice-presidents, Henrietta Straight, Ellen V. Robinson; recording secretary, S. McConnell; corresponding secretary, Marie Petersen, 308 S. Irving Ave.; treasurer, Roberta Muhs, 509 Honore St.

On the evening of June 1 the annual banquet to the graduating class was given at the La Salle Hotel with about 150 present. Toasts were given and greetings read from absent members.

CATRINA HERTZER succeeds Miss Wheeler as superintendent of Blessing Hospital, Quincy. Harriet Sigsbee, class of 1889, has taken up a claim at Carr, Colorado. Among the throng of Americans abroad are the following *alumnæ* members: Mrs. Frederick Tice, Mrs. Frank Miller, Miss Voigt, Jessie Christie, Marie Peterson, Alice C. Beatle.

ST. LUKE'S ALUMNÆ ASSOCIATION was granted the use for the summer of a cottage near Libertyville, through the kindness of Mr. and Mrs. Arthur Meeker. Miss Spohr resigned her position as superintendent of Manhattan Hospital, Manhattan, Kansas, and has taken up private duty in Chicago. Miss McLellan, class of 1895, has joined the Henry Street Nurses' Settlement, New York City.

WESLEY HOSPITAL graduating class was entertained at Winnetka on June 8, after the commencement exercises at Northwestern University, by Mrs. Douglass Smith. On the following evening the *Alumnæ* Association gave the class a banquet at the Hotel Lexington.

ELNORA THOMSON, class of 1909, Presbyterian Hospital School for Nurses, has given up her position as superintendent of nurses at the Elgin Hospital for the Insane, and is now nurse in charge of the work of the Mental Hygiene Committee of this city. She is succeeded at Elgin by Beulah M. Smith, class of 1907.

JEANETTE KIPP, class of 1910, Hahnemann Hospital, has accepted a position at the State Hospital, Watertown. Mary and Catherine Campbell have taken up land near Great Falls, Montana, and are doing private duty there. Mary Woods, class of 1907, is living on her claim near Sturgis, South Dakota.

MINNIE H. AHRENS, who has been for several years superintendent of Provident Hospital, has resigned to take the position of Nurse in Charge of the Chicago Milk Commission.

THE GARFIELD PARK TRAINING SCHOOL ALUMNÆ ASSOCIATION held its annual meeting and banquet on June 10. The officers elected for the year were: president, M. Pearle Smith, R.N.; vice-president, Ida M. German, R.N.; secretary, Pearl Spofford, R.N.; treasurer, Valley Ness, R.N.

Freeport.—THE CHRISTIAN TRAINING SCHOOL OF THE DR. WHITE SANATORIUM held commencement exercises on the lawn of the Oscar Taylor home. The beautiful surroundings of shade trees and flowers helped to make the occasion one of the most unique social functions in the city of Freeport. Dr. J. T. White presented the diplomas and the pins were presented by Miss Taylor, president of the training school. There were four graduates.

INDIANA

Fort Wayne.—MABEL K. ADAMS, for the past eighteen months superintendent of Hope Hospital, resigned on July 1. On the evening before her departure, the Hope Hospital *alumnæ* and nurses in training presented her with a silver purse, expressive of regret at her resignation and of the high place she holds in the affection of those who have labored with her. She is succeeded by Miss Burt, of the Illinois Training School. Mary S. Dyble, graduate of Hope Hospital, who has been supervisor and clinical nurse there for the past ten years, also

resigned, and was presented with a purse of gold in recognition of her faithful services and of the love and esteem in which she was held. She had the confidence and affection of the school and community. Her resignation will be keenly felt not only by physicians and nurses, but by those interested in the nursing profession in and about Ft. Wayne. Her ambition was ever to raise the standard of the nursing profession, morally and otherwise. She is succeeded by Ruby Nations, of Augustana Hospital, Chicago.

IOWA

THE IOWA STATE ASSOCIATION OF REGISTERED NURSES held its seventh annual convention at Des Moines, in May, at which meeting there was a good attendance and much enthusiasm was displayed.

The election of officers for the ensuing year resulted as follows: President, Anna C. Goodale, Homœopathic Hospital, Iowa City; vice-presidents, Abbie Taber, Sioux City, Letita McNally, Independence; recording secretary, Mrs. Ida C. Neff, Waterloo; corresponding secretary, Floy A. Strayer, 1309 Grant Ave., Waterloo; treasurer, Anna Killeen, Dubuque; auditor, Louise Raffauf, Dyersville.

A state committee for Red Cross work has been appointed and is to arrange for appointment of local committees which will enroll nurses willing to volunteer for Red Cross work in time of need. Considerable time was given to the forming of plans for work to be done by the legislative committee in regard to the defending of the nurses' registration law and to secure, if possible, necessary amendments to same.

In this state, work along the lines of visiting nurse work, school nursing, public play grounds, and kindred subjects is carried on more by the local associations comprising the state association than by the state association itself, so while there is not as much to report as an association, the work is being carried on in many of the cities by nurses of the state.

The next state meeting is to be held at Waterloo.

(MRS.) IDA C. NEFF,
Recording Secretary.

OKLAHOMA

Enid.—L. R. DUNNING, after eighteen months of rest in New Mexico, will resume her work of private nursing. Miss Dunning is a graduate of Finley Hospital, Dubuque, class of 1901, and was formerly superintendent of nurses at El Reno Sanitarium, El Reno.

TEXAS

THE BOARD OF NURSE EXAMINERS of the State of Texas will hold its next meeting in San Antonio, October 26 and 27.

C. L. SHACKFORD, R.N., Secretary.

WASHINGTON

Seattle.—THE KING COUNTY ASSOCIATION of Graduate Nurses held its regular meeting at the Assembly Hall, Henry Building, July 5, with twenty-four members present, the president in the chair. Minutes of the previous meeting read and approved. Report of the executive committee and the registry read and ordered placed on file. Six applications for membership

were accepted and one was laid on the table. A communication from the Physicians National Board of Regents, Philadelphia, Pa., to the King County Medical Society, of Seattle, was read, also the reply from King County Medical Society to the Physicians National Board of Regents, in which they refuse to support or further the objects of that organization. On motion of Mrs. A. W. Hawley, seconded by Miss Irene Bonen, the secretary was instructed to write the board of trustees of the King County Medical Society and tender them the thanks of the association for their kindness and appreciation of the nursing profession. The balance of the time was taken up with the reading and amending the new by-laws as submitted by the committee at the June meeting. After a general discussion and a few necessary corrections, the by-laws were finally adopted. Meeting adjourned at 6 P.M. until the first Monday in September.

THE KING COUNTY ASSOCIATION OF GRADUATE NURSES has taken offices in the Cobb Building, Suite 310. This building has recently been completed for the exclusive use of the medical and dental professions. The registrar, Miss MacMillan, will have her office in the suite and Miss Margaret Rice has opened an Emergency Outfitting Department, where she will do sterilizing, emergency and hourly nursing, and supply surgical dressings and obstetrical outfits.

GENEVIEVE COOKE, of San Francisco, Cal., was the guest of honor at a reception given, on June 14, by the members of the King County Association from 8 to 10 P.M. During the afternoon Miss Cooke was given an automobile ride through the city and a visit made to the Seattle Pulmonary Hospital, at Riverton, where the nurses' cottage for tuberculous nurses in the State of Washington is located. During her stay in the city, Miss Cooke was the guest of Mrs. A. W. Hawley.

CALIFORNIA

RESOLUTION.—We, the members of the California State Nurses' Association, wish to express the deep sorrow we feel at the death of Mrs. Isabel Hampton Robb.

We feel that in her life was exemplified the highest type of womanhood. As teacher and author, she represented the best in the nursing profession, and contributed much to its dignity and honor.

In Mrs. Robb's untimely death, our profession has sustained a great loss, but we shall cherish her memory as one of the choicest in our history, and we commend her life to all young nurses as a worthy ideal.

We recommend that these resolutions be incorporated in the minutes of the California State Nurses' Association and that a copy be sent to the family of Mrs. Robb.

CLARA S. LACKWOOD,

ALMA E. WRIGLEY,

BERTHA M. EATON, Committee.

CANADA

THE FIRST STATIONARY FIELD HOSPITAL IN CANADA was established this summer at the Niagara Military Camp with seven nurses in attendance who are given the rank of lieutenant. A committee of nurses in Toronto is working for the establishment of an Army Nursing Reserve Service.

Winnipeg.—THE NURSES' ALUMNÆ JOURNAL, issued by the Alumnae Association of the Winnipeg General Hospital, issued its quarterly number in June. Editorial comment is made on the deaths of King Edward, Miss Isla Stewart, and Mrs. Isabel Hampton Robb. The graduating exercises of this year's class of twenty-five are described, and the address is given in full which was made to the class by Miss F. Wilson, lady superintendent. There is an excellent article on "The Management of the Puerperium" by Dr. Bjornson, an account of the annual meeting of the association, and news items.

BIRTHS

ON May 18, a son to Mr. and Mrs. William Andrews. Mrs. Andrews was Cleopatra Strickland, class of 1907, Garfield Memorial Hospital Training School.

ON June 8, at Seattle, Wash., a daughter to Dr. and Mrs. H. A. Greiner. Mrs. Greiner was Mary Deichelbor, class of 1904, Hahnemann Hospital, Chicago.

ON May 4, at Montreal, Canada, a daughter to Mr. and Mrs. J. FitzGibbons Black. Mrs. Black was Gwendolyn Hayward, class of 1908, Howard Hospital, Philadelphia, Pa.

ON June 14, at Toulon, Ill., a son to Dr. and Mrs. Roy Buffum. Mrs. Buffum was Bessie Packer, class of 1908, Presbyterian Hospital School for Nurses, Chicago.

ON May 23, at St. Paul, Minn., a daughter, Mary Blake, to Mr. and Mrs. Edward Blake Young. Mrs. Young was Miss Dousman, class of 1909, New York Hospital.

ON May 23, at Albany, N. Y., a son to Mr. and Mrs. Walter H. Newman. Mrs. Newman was Edith M. Tuthill, class of 1909, Rome Hospital Training School, Rome, N. Y.

ON July 17, at New York City, a son, Philip, to Mr. and Mrs. Ernest G. H. Schenck. Mrs. Schenck was Grace Knight, class of 1902, Roosevelt Hospital, and is secretary of the New York State Nurses' Association.

MARRIAGES

ON June 22, Alice A. Stentiford, class of 1899, McLean Hospital, Waverly, Mass., to Walter George Stiff.

ON June 30, Annie M. Shiels, graduate of the Presbyterian Hospital, Philadelphia, to Claude L. Roth.

ON April 20, in St. Paul's Church, Punxsutawney, Stella Downey, class of 1904, Adrian Hospital, to Morton B. Collins.

AT Benton Harbor, Mich., Emily Campin, class of 1904, Adrian Hospital, Punxsutawney, Pa., to Chester F. Miller, M.D.

ON May 12, at Braddock, Pa., Barbara Hutchinson, class of 1907, Adrian Hospital, Punxsutawney, to Wilbert McCauslin.

ON April 30, at Baltimore, Md., Aerie Phillips, class of 1906, University of Maryland Hospital, Baltimore, to F. J. Greenwell.

ON June 6, at Goshen, N.Y., Mary Dumbell, class of 1908, New York Hospital, to Dr. Beemokes, of the United States Army.

ON June 22, Nellie J. Benton, R.N., recent superintendent of nurses of the Buffalo Homœopathic Hospital, to William H. Farnsworth.

ON April 6, in the Episcopal Church at Sugar Hill, Pa., Ellen Brian, class of 1905, Adrian Hospital, Punxsutawney, to Marion Cockran.

ON May 26, at Streator, Ill., May Fraser, class of 1906, Presbyterian Hospital School for Nurses, Chicago, to George Love, M.D., of Dana, Ill.

ON June 14, Ella Emelia Holbrook, class of 1907, Lakeside Hospital Training School for Nurses, Cleveland, to Rev. L. E. Sunderland.

ON June 11, Lola Douglass, class of 1908, Long Island College Hospital, Brooklyn, to Charles Rhub. Mr. and Mrs. Rhub will live in Brooklyn.

ON June 30, at Baraboo, Wis., Jessie Slade, class of 1909, Presbyterian School for Nurses, Chicago, to Russell Wallace, M.D., of Albany, Oregon.

ON April 27, in the Roman Catholic Church of West End, Punxsutawney, Pa., Alta McMillen, class of 1909, Adrian Hospital, to J. E. Hardman, M.D.

ON June 22, at Oshkosh, Wis., Ida A. Beeg, class of 1905, Hahnemann Hospital, Chicago, to Leo A. Geis. Mr. and Mrs. Geis will live in Salina, Kansas.

AT Manchester, N.H., at the "nurses' flat," Jessie Bailey, class of 1907, Elliot Hospital, to Frank Davis. Mr. and Mrs. Davis will live at Point View, Goffstown.

AT Parkersburg, Iowa, Anita L. Stapela, R.N., class of 1904, Hershey Memorial Hospital, Muscatine, to Miller E. Terry. Mr. and Mrs. Terry will live in Oskaloosa, Iowa.

ON June 8, at Detroit, Mich., Grace L. Glendenning, class of 1908, Grace Hospital Training School, to E. J. Shafor. Mr. and Mrs. Shafor will live at 58 Rosedale Court, Detroit.

ON July 4, in Chicago, Otie A. Ehle, class of 1905, Indianapolis City Hospital, to Edward E. Abrahams. Mr. and Mrs. Abrahams will live at 744 Belmont Avenue, Indianapolis.

ON July 1, Mabel F. Morse, class of 1894, Massachusetts General Hospital, Boston, to Frederick S. Hardy. Mr. and Mrs. Hardy will live at 162 Mt. Vernon Street, Newtonville, Mass.

ON August 4, at St. Andrew's Church, Hayneville, Alabama, Rachael Parise Belgart to Oliver Harris Jones. Mr. and Mrs. Jones will live at 180 Capitol Avenue, Atlanta, Georgia.

ON April 14, at Wilkinsburg, Pa., Alice Edith Bair, class of 1909, Columbia Hospital Training School, Pittsburgh, to J. Franklin Gonell, M.D. Dr. and Mrs. Gonell will live in Munhall, Pa.

ON June 1, at Springfield, Ill., Louise Morrison, class of 1906, Presbyterian Hospital School for Nurses, Chicago, to Wilbur E. Post, M.D. Dr. and Mrs. Post are spending six months abroad.

ON June 7, at Baltimore, Md., Katherine Kalling Landwhere, class of 1906, University of Maryland, Baltimore, to Cassius McCarl Lemley. Mr. and Mrs. Lemley will live in Morganton, W. Va.

ON March 19, in Cincinnati, Mary K. Lunny, class of 1906, St. Vincent's Hospital, Indianapolis, to William D. Hamerstadt. Mr. and Mrs. Hamerstadt will live at 1608 Central Avenue, Indianapolis.

ON June 16, at Baltimore, Md., Vernie Catherine Weitzel, class of 1892, University of Maryland Hospital, Baltimore, to Charles Hutchinson McNabb. Mr. and Mrs. McNabb will live in Cardiff, Md.

ON July 6, Nannie Parry Laird, class of 1899, Columbia and Children's Hospitals Training School, Washington, D. C., to William Horace Lackey. Mr. and Mrs. Lackey will live in Lexington, Va.

ON June 1, at Baltimore, Md., Minnie Bond Anderson, class of 1907, University of Maryland Hospital, Baltimore, to Robinette B. Hayes, M.D. Dr. and Mrs. Hayes will live in Fayetteville, N. C.

ON June 18, Helen Irene MacRoberts, class of 1906, Lakeside Hospital Training School for Nurses, Cleveland, to Arnold Elliott Cornell. Mr. and Mrs. Cornell will live at 1803 West Forty-fifth Street, Cleveland.

ON March 24, at Watford Herts, England, Augusta Burk, class of 1905, St. Luke's Hospital, New York, to Philip Frederick William Simon, M.E.E.E., of England. Mr. and Mrs. Simon will live in Wittenberg, Germany.

DEATHS

ON July 6, at Arthur, Ontario, Canada, Kathryn Michell, class of 1909, Howard Hospital, Philadelphia. Miss Michell had never fully recovered her strength from a severe attack of typhoid fever which occurred during her training. Death came suddenly from heart failure at her own home where she was nursing a sister. She was a most patient nurse, bearing well her own ill health and devoted to her patients. She will be greatly missed.

ON June 8, at Trafford, Pa., Martha McDeavitt, class of 1909, Columbia Hospital Training School for Nurses, Pittsburgh. Miss McDeavitt was an esteemed and useful member of her alumnae association, always willing to help in its work and was much beloved.

ON July 18, at Topsfield, Mass., of heart disease, Minnie Gammell, class of 1898, Salem Hospital, Salem, Mass. The burial was at the home of her parents, Newton Hills, Colchester County, N. S. Miss Gammell was one of the best of nurses, much beloved of all who knew her. She bore her years of illness with sweet patience, constant cheerfulness, and courage.

ON June 7, at the Amsterdam City Hospital, Amsterdam, N. Y., of which she was a graduate, after five weeks' illness of pneumonia and pleurisy, Ida Belle Meeks, R.N. Miss Meeks was a sweet loyal friend and nurse and will be sorely missed by all who knew her.

BOOK REVIEWS



IN CHARGE OF

M. E. CAMERON

HYGIENE AND MORALITY. A Manual for Nurses and Others, Giving an Outline of the Medical, Social, and Legal Aspects of the Venereal Diseases. By Lavinia L. Dock, R.N., Graduate of Bellevue Hospital Training School; Resident Member of the Nurses' Settlement, New York; Secretary of the International Council of Nurses. Price, \$1.25 net. G. P. Putnam's Sons, 27-29 West 23d St., New York City.

It is indeed a hopeful sign for any cause when Miss Dock makes herself its champion. We have learned to look for her in the forefront of battle, and in a righteous cause she yields to none; there is, therefore, a new inspiration, and a fresh stimulus to the discouraged and the weary, to find her taking the field in the warfare against the greatest social disgrace of civilization. Miss Dock makes no overtures for compromise; amelioration, by means of regulation and inspection, she rejects, giving abundant proofs of the fallacy of such a remedy from results in the countries where it has been practised. While the book is written primarily to nurses, it is not as a text-book, but rather a call to the whole nursing profession to join themselves to a cause too long neglected. Physicians, and women physicians particularly, have done and are doing splendid work in the warfare against vice, and the teaching of hygiene and moral prophylaxis; and Miss Dock by addressing nurses seems to sound a note of warning,—that nurses cannot afford to be left behind in a great forward movement which is taking place the world over.

The book is divided into three parts: the first a brief outline of syphilis and the venereal diseases; the second, prostitution, where we find the cause and means of propagation of these diseases; and third, the prevention of them. Miss Dock puts her finger on the weak spot in past and existing conditions, first, in denouncing the toleration of a double standard of morals, which permits the man to indulge in sexual irregularity without loss of prestige, while the woman is doomed to social ostracism and to degradation; and secondly, to the status of political and legal inferiority occupied by women. If any one doubts that men find it hard to enact laws curtailing their privileges and arming their

victims against them, let them read Miss Dock's book. If any love to believe in the tradition of chivalry, still let them read it, for it is wrong to hug one's ignorance if there is any chance of instruction to be had. If they are, as most nurses seem to be, on the fence as regards the question of suffrage for women, if they feel that they would make more intelligent citizens than the push-cart men and the small tailor who can only say a dozen words of English, or any other poor waif who drifts to these shores because he could not make a living elsewhere, if they feel that they would make more intelligent voters than these poor things, but also feel there is no use putting one's self in opposition to the men and getting the name of being a crank and a kicker, still read Miss Dock's book and possibly, oh, quite certainly, you will know whether you are for or against the enfranchisement of women. Miss Dock makes the prevention of the venereal diseases coincident with the prevention of prostitution as do other writers on medical sociology and economics. The greatest factor in the production of prostitutes is poverty,—the unequal struggle against want, says Miss Dock,—abundantly confirmed by statistics in the United States as well as other countries; enfeebled constitutions, induced by children being too early forced into the labor market; long and monotonous hours of work—conditions that seem insupportable—drive the great majority into a life which they conclude can be no worse and which they hope may be better. "Far-reaching and remote are the paths along which the prevention of venereal diseases must be pursued," and to do this? "This must be the work of women, and to do it they must possess the instrument which is indispensable in controlling the acts of legislatures; which lie behind all social conditions, as is the microscope to the physician in his research work, or the scissors to the mother who is cutting out her children's clothes." If the reader suffers from that lack of enthusiasm which is only too common among people who feel no pain for the wounds of others, he or she may be enough alarmed by the economic loss involved to take an interest in the subject of the book,—the number of pauper blind who must of necessity be supported by the state, not to mention the expense of hospitals, asylums, etc., which must be kept up for the care of the diseased and incapacitated.

Along with the power of the vote for women Miss Dock reckons education for the masses. "The first essential in a campaign of prevention is full, open, and serious instruction for all classes of society upon the situation as it exists to-day; instruction without exaggeration, but also without concealment of the present extent of disease of venereal origin, and the most emphatic and positive information upon the real

source of danger in prostitution. It will be found that not only is the extent to which venereal diseases have been allowed to prey upon the national stock utterly undreamed of "by great numbers of intelligent persons, but that their very existence is to thousands of others only the vaguest hearsay, while to thousands more, absolutely unknown. Now, as in combating typhoid fever and the plague, the first thing needful is that all shall know there are such diseases, whence their origin, and how they may be cut off at their source, so it is essential that every citizen shall know that there are venereal diseases, where they arise, and how they may be exterminated."

And again: "A new ideal needs to be formed; an ideal of the worth and dignity of human life, and of a commanding place and power that must be assumed by women in all that pertains to the cherishing and ennobling of the race. This ideal must be built upon the single standard of sex morality, and it must be attained by a gradual process of assumption of knowledge and authority by women, to the end that they may finally produce a nobler and a finer race of men."

A GROUP of English nurses who are interested in carrying on educational work on sanitary and moral lines among mothers and young people have brought about the publication of a most excellent and helpful leaflet on masturbation, giving the nurse the most admirable material for instruction to mothers and fortifying her with the carefully worked out hints on successful methods of imparting this delicate and important knowledge. The leaflet is published for private distribution, for use by district nurses and those in social work, especially, though indeed all nurses—those in hospital and private duty as well would be greatly helped by its clear and practical teaching. It is not being advertised, because it is not advisable that it should get into the wrong hands. It sells in England for tuppence, and nurses wishing to obtain it may send six cents in stamps to the editor of the Foreign Department of the JOURNAL, who will procure it for them.

CONSTIPATION IN INFANTS.—Dr. Pritchard, in *The Practitioner*, objects strongly to giving castor oil to infants. He says it interferes with the natural nervous, rhythmic impulse which produces defecation; this is either completely destroyed, or so lengthened by the drastic effect of the oil that the intestine will not respond to the stimulation, and constipation ensues. Moral, avoid purgatives, especially castor oil.

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Annual meeting to be held in Boston, 1911.

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Annual meeting to be held in Boston, 1911.

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President, LILLIAN LONG, St. Luke's Hospital, Boise, Idaho.
Secretary, LULU HALL, Room 410, Overland Building, Boise, Idaho.

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